M may be retained by the hospital of finding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

24 hours after death. Page 4

AN: The law requires that the death certificate be executed wi

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1988 CERTIFICATE OF DEATH

01952

Reg. Dist. No.

		01010 1103
1. PLACE OF DEATH o. COUNTY Treclerick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residue. STATE b. COUNTY to the country to the countr	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARRIE LEE	ANGELL 4. DATE OF DEATH FILE.	Day Year 18 1960
5. SEX 6. COLOR OR RACE 7. MARRIED	B. DATE OF BIRTH Mary 26, 1884 9. AGE (In years last birthday) Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Herselal, Horssework Employed	maryland	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Frank Strine	Laura Mentzer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II 1/181, no. or unknown) If yer, give wor or dotes of service) 2 15-20-93/6	1. Frank angell, Walke	ersulle mel
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) June 1	1 carcinometosis	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under	iones of cecum	18 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 134
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from July alive an Till 196 , and that death ACTUAL SIGNATURE SULLA ACTUAL SIGNATURE	n accurred at 8 of AM, from the causes and on ADDRESS (Street, city or town, state) M.D.	I last saw the decease the date stated abov DATE SIGNE
PHYSICIAN'S ERNEST A. DETTBARN	Walhusville,	med.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify) 3/20/60 Keepsville	OR CREMATORY 22d. LOCATION (City, town, or count of Line try) W. Former town	y) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS II. C. Barton, Walkersyalle, M.	240. REC'D BY REGISTRAR 246. PEGISTRAR'S DATE FEB 2 3 60	

TO HOSPITAL OR ATTENDING PHY VS A15 (4) 15M 9/S5

	1303							Reg. 1	Dist. No	0.	
O. COUNTY FT	ederick		MARYLAI	_	o. STATE VI	(Where dec			dence be	fore adm	ission)
b. CITY OR TOWN IN	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside o	corporate limits, write	RURAL o	nd give r	nearest to	wn)
Near Fre	derick				Salen	n R.F	.D.4	83	X	-3	
U. S. Rou	- 1	f not in hos	pitol, give street address)		d. STREET ADDRES	i\$				ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	John		Middle Clinton		Avers	4. DATE OF DEAT			Doy		Year 19 60
5. SEX			DE NEVER MARRIED	T A D	ATE OF BIRTH	DEAL	9. AGE in years	IFUNDE	RIYEAR		DER 24 HRS.
Male	White	WIDOWE			ct.8,193	31	28 yrs.	Months	Days	Haurs	Min.
100. USUAL OCCUPATION during most of working Unknown.	ON (Give kind of work of glife, even if retired)	done 10b, K	IND OF BUSINESS OR IND	USTRY	Va.	lole or foreig	n country)		U.S		COUNTRY
13. FATHER'S NAME				1.	4. MOTHER'S MAIDE	N NAME					
W. R. Ay	ers				Unknown	(C	ole)				
	Air force	servicej	Unk		ormant com paper	rs on	Addres de Sease		T.		
PART I. DEAT	H (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line	for (o). (b). ond (c).] rushed sku						ONS	nut	EATH
Conditions, if or gave rise to immed (o), stoling the acouse lost.	inderlying DUE TO			-							
PART II, OTH 20g. EXTERNAL CAU PRIMARY Por CON CAUSE OF DEATH.	IER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BO	UT NO	T RELATED TO THE TE	RMINAL DISE	ASE CONDITION GI	IVEN IN PA	RT 1(0)	PERFO YES [AUTOPSY DRMED? NO 🔀
200. EXTERNAL CAU PRIMARY DOOR CON CAUSE OF DEATH.	SE WAS STRIBUTING []	Stru	HOW INJURY OCCURRED	and			on route	240	,mi	le	
20c. TIME OF INJUR 8-30 p. m.	2/I/60 19		Not white a	foctory	OF INJURY (Home, fig. street, office bldg., te 240	elc.)	City or town) .Frederi		red	eri	(Stote)
	at I took charge from: Natural	_	emains described o				Inspection 🔀 Undetermined	44	iry 🔀	, and	find that
ACTUAL SIGNATURE	BOH	***	mas_		M.D. CHIEF MEDICAL					DATE	SIGNED
EXAMINER'S NAME (Type)	B.D. Thoma	s,M.	D.		DEPUTY MEDIC			60			
220. BURIAL, CREMATIO REMOVAL (Specify) REMOVAL	2-2-60)F	22c. NAME OF CEMETERY	OR CR	REMATORY		CATION (City, town, ing, Virgi			(Stat	te)
23. FUNERAL DIRECTOR	s signature chison & So	n, Fr	ADDRESS ederick, Mar	ylaı		FEB 5		ISTRAR'S S			

TO DEPUTY MEDICAL EXAMINE. This certificate should be executed within cute the certificate, writing the difference of "pending" in pencil in Item 18. Giveranded to the Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. VS. A15ME(5) 5M 9/55

or remayal.

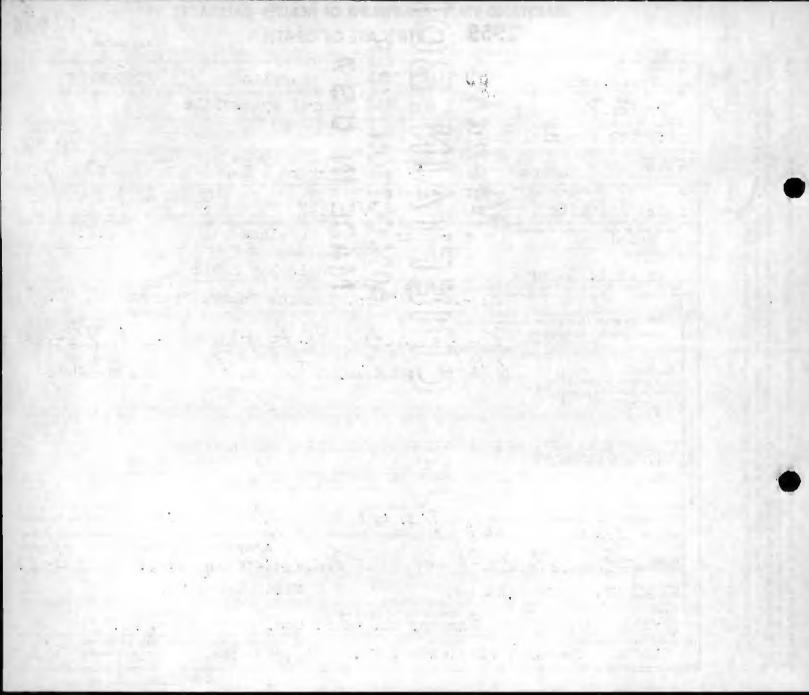
executed within 24 haurs after death. By delay is necessary, please exemplem 18. Give Pages 1, 2, and 3 to the roneral director. Page 4 should be ith farm PM3. Page 5 may be retained for your files. The pages 1 and 2 with the registror prior to burial, grémation,

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1950 CERTIFICATE OF DEATH

- ()		0	5	1
9		-8-	U	U	7

		CERTIFICA	TIE OF DEAT	П		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Frede	rick	MARYLAND	2. USUAL RESIDENCE (V o. STATE	Where deceased	lived. If institution b. COUNTY	r Residen			tion)
	If outside corporate limits, write egrest, town)	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (III Rural 1			URAL ond	give nea	arest fow	n)
d. NAME OF HOSPI Frederick	TAL (If not in hospital, give stre Memorial Ho		d. STREET ADDRESS						SIDENCE A FARM? NO [.
NAME OF DECEASED (Type or print)	Eugene	Middle	Baker	4. DATE OF DEATH	Mon 2	th	28	3	Year 1960
s. sex male		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH +/8/1927		9. AGE (In years last birthday) 32 yrs.	Months	Days	Hours	ER 24 HR Min.
On USUAL OCCUPATION during most of wor	king life, even if retired)	b. KIND OF BUSINESS OR INDUS CONTRACTOR	Mal'y		ountry)	12, CIT	U.S		COUNTRY
3. FATHER'S NAME	D. Baker		Julia		aker				
15. WAS DECEASED EVE Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or detect of service)		rs. Blanch	e Bake	er, Myel		lle,	, Má	i.
Conditions, if a gove rise to i couse (o), stoting lying couse lost. PARY II. OT	the under-	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	E CONDITION GIV	EN IN PAR	22 RT 1(o) 1	9. WAS	AUTOPS DRMED?
	AS UNDERLYING TO 20b. D	ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury i	n Port I or Port	I II of item 18.)			YES _) NO [
20c. TIME OF INJUI Hour o. m. p. m.	Wh	f	ACE OF INJURY (Home, fa story, street, office bldg., e	rm, 20f. (City	or town)	(County)		(Stol
21. I certify th	hat I attended the dece		7 , 19 , to (
alive an	ON, 22b. DATE THEREOF	Throng,	Mid R CREMATORY	dleto	wm, Md. TON (City, town, or sville	or county)		DA'	ze signi



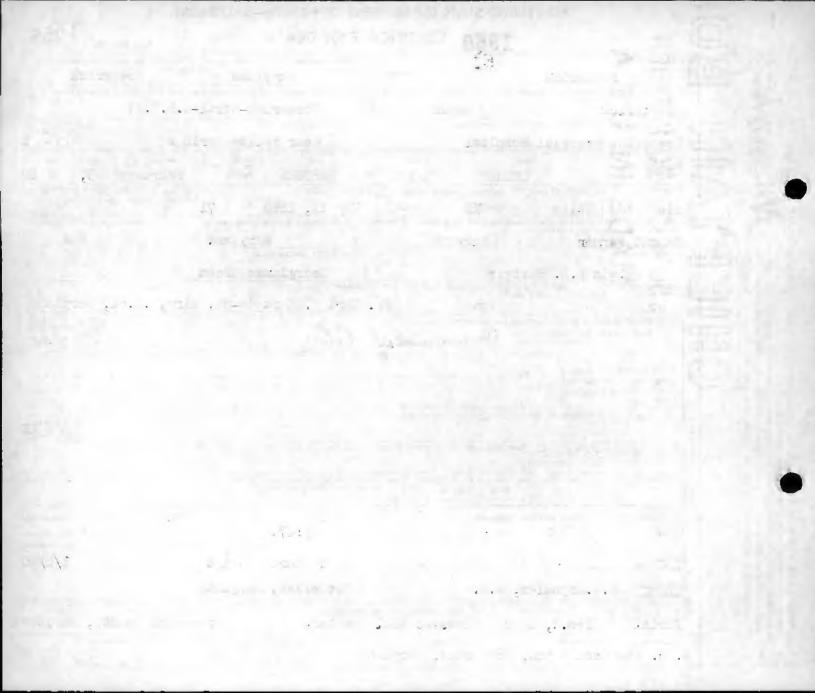
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1960	CERTIFICATE	OF	DEATH	
				Ξ

Reg. Dist. No. (11955

1. PLACE OF DEATH o. COUNTY					2. USUAL RESID			d lived. If institu		before odn	iissi o n)
F	rederick		MARY	AND	o. sinit	Mar :	yland	b. COUNT	Frede	erick	
b. CITY OR TOWN (RURAL ond give n Frederic		nits, write	Weeks	N 1b				rote limits, write	10	e nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	AL (If not in hospital,	give street	address)		d. STREET A	DDRESS				e. IS F	RESIDENCE A FARM?
	Memorial	Hospi	tal		No	ear Y	ellow	Springs			□ NO 🔼
3. NAME OF DECEASED (Type or prinf)		irs) LUTHE	Middle R WAYN	E.	los!	rgis	4. DATE OF DEATH		oruary	Day	Year 19 60
5. SEX	6. COLOR OR RACI		RIED NEVER MARRIE		. DATE OF BIRTH		1	9. AGE (In years	U	EAR IF UN	.,
Male	White	WIDOW			May 11		8	last birthday) 71 yrs	Months Do	ys Hou	
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retire	k done 10b.	KIND OF BUSINESS OF	RINDUST	TRY 11. BIRTHPL	ACE (Stote	or fareign c	ountry)	12, CITIZE	N OF WHA	T COUNTRY?
Tenant Fa			Farming			1	Maryla	and		US.	A
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Melv	in M.E. Ba	rtgis			Ge	orgia	nna Gr	reen			
15. WAS DECEASED EVE	R IN U. S. ARMED FO	PRCES? 16.	SOCIAL SECURITY NO.	IN	FORMANT				dress		
(Yes, no, or unknown)	(If yes, give war or dates o	0.00	one	Mr.	Carl H	. Bar	tgis-l	At. Airy	R.D.#1	, Mar	yland
18. CAUSE OF DE	ATH [Enter only one	couse per lj	ne for (a), (b), and (c).]		0.0					INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY		aveining	V ost	Coston	7				ONSET AN	SCUY
153.8	DUE T		- Valida	1							4
Conditions, if o	ny, which }	(b)		V							
gove rise to i	mmediate DUET	, , , , , , , , , , , , , , , , , , , ,									
lying couse lost.	the under:	(c)									
PART II. OT		. ,	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION G	IVEN IN PART 1	(a) 19. WA	S AUTOPSY
SATI										YES	FORMED?
ZO PART II. OTI ZOO. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) ZOC. TIME OF INJUIT Hour o. m. p. m.	AS UNDERLYING CONTROL CAUSE OF DEATH	4	CRIBE HOW INJURY OF	CURRED	. (Enter noture of	Finjery in I	Part I ar Por	t II of item 18.)			
3 20c. TIME OF INJUR		1	NJURY OCCURRED	20e. PLA	CE OF INJURY (I	iome, form	20f. (City	r or town)	(Cou	inty)	(Stote)
Hour o.m.	19	While at war	Not while		ory, street, office				,,000	,,	(0.0.0)
21. I certify th	at I aftended th	e deceas	ed from	131	1959	, ta	1/30	1966	,that I last	saw the	deceased
alive an	130	19	60, and that	death	accurred at	9:17A					
	0,	13						treet, city or town			ATE SIGNED
ACTUAL SIGNATURE	ticherel	C.	Teynold	S N	.D. East	Chure	h Stre	eet			2/4/60
PHYSICIAN'S RINAME (Type)	.C.Reynold	ls, M.	D. /		Frede	rick,	Mary	Land			
220. BURIAL, CREMATIC		-	22c. NAME OF CEME				22d. LOCA	TION (City, town,			tole)
Burial Specify	Feb.8, 1	.960	Pleasant F	iill	Cemeter	У		Frederi	ck Coun	ty, M	aryLand
23. FUNERAL DIRECTOR		-	ADDRESS			24a. REC'	D BY REGIST	TRAR 24b. REG	ISTRAR'S SIGN	ATURE	
M. R. Etch	ison & Son	, Fre	derick, Mar	ylar	ıd	DATE F	EB 8	'60 c	Irthun S.	Kines	

VS A15 (4) 15M 9/58



VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		WE	DICA	L EXAMII	NER'S	CERTII	FICAT	E OF	DEATH	Reg. Dist		02000
	Frederi	ck	196		RYLAND	I was and	Maryl		sed lived. If institu b. COUNT			ick
		outside corporate limits, write	RURAL	c. LENGTH OF STA	YY IN IL	c. CITY OR	TOWN (IF	outside corp	porote limits, write	RURAL and p	ive neor	rest lown)
	Frederi	ck		Unknow	a	XF	reder	rick,	Route	#2		
	NAME OF HOSPIT	Tegaritan 1	enor	ed Hospie	ge 3)	d. STREET	ADDRESS					IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	James	11	Middle Char]	Les	Bart		4. DATE OF DEATH	Month 2n	and the same of th	Doy 16	Year 1960
5, :	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARE	RIED 0	DATE OF BIRTH	4		9. AGE (In years last birthday)	IF UNDER 11		UNDER 24 HRS.
	Male	White	WIDOWE	DIVORCE	00	May 7	th.]	1920	39 yrs.	Months D	гуз Н	lours Min.
100	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign c	country)	12. CITIZE	N OF V	VHAT COUNTRY?
19	Huckster			None		Mary	land			U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Jester B	Rartlett				Minn	ie_L.	Hartz	an			
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCESP 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT			Address			
	Inknown			20-03-040	5]	The Fai	mily					
	18. CAUSE OF DEAT	H [Enter only one cou	se per line	fer (a), (b), and (c).							INTERVAL	L BETWEEN
		H WAS CAUSED BY:	C	oronary !	Thron	nbosis						nutes
	420	DUE TO	,									
	Conditions, if an											
	gove rise to immed	iote couse	- 1/2			······································						
	(a), stating the v	nderiying (c)										
CETIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART I		WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	SE WAS ITRIBUTING [b. DESCRIE	E HOW INJURY OCC	URRED, (E	nter noture of in	njury in Part	i or Pari II	of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	Whit	INJURY OCCURRED Not white ork ot work	20e. PLAC focto	E OF INJURY (I ry, street, office	Home, form, bldg., etc.)	20f. (City	or lown)	(Count	(y)	(Stote)
	21. I certify the	at I took charge	of the	remoins describ	ed obov	e, held on	Autopsy	[X], II	nspection .	Inquiry	II.	and in my
	opinion death	resulted from: 1	Voturol	causes 🔼 . Ac	cident [, Suicid	e 🔲 , H	tomicide	, Undete	rmined mo	nner	
	ACTUAL SIGNATURE	Books	m	as		_W.17.	MEDICAL EX				D	DATE SIGNED
	EXAMINER'S B	. O. Thor	nas,	M. D.	u		MEDICAL E		- June	117/	20	
270	BURIAL, CREMATION REMOVAL (Specify) Burial	2-19-196		Mt. Oliv				-	TION (City, town, o		nd	(State)
23.	FUNERAL DIRECTOR"		1	ADDRESS	S O COST	ra par A	240. REC'D	BY REGIST		TRAR'S SIGN		
	Sakert &	Halles ?	H	Frederic	k, Ma	ryland	PATEFE	B 2 3 '6	0 0	than 8 th	Traces	

THE ENGLAND OF THE TOTAL THE STATE OF THE ST MINICIAL EXAMINST WORLTHOUSE OF DRIPH Sesdarlate, The state of the state of A THE RESERVE TO SERVE THE PARTY OF THE PART

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01957

Reg. Dist. No.

1990MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		LACE OF DEATH		1		2. USUAL RESIDENCE	Where deceased live	d. If institution, Residen b. COUNTY #	ce before admission)
		7/2	derick		MARYLAND	1141	pland	7720	creek
	b	. CITY OR TOWN (IF a and give neares) term)	utside corporate limits, write	RURAL C. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (f autside carporate l	imits, write RURAL and	give nearest town)
		Middleton	ontion	Z		1. Medde	down	_ 922	
ı	d	NAME OF HOSPITAL	OR INSTITUTION (f nat in hospital, g	ive street address)	d. STREET ADDRESS			. IS RESIDENCE
-1						1			YES TO NO
	3. 1	NAME OF	Fin		Middle	Losi	4. DATE	Month	Day Year
- 1	·-C	DECEASED Type or print)	1	. 9		R	OF DEATH		10 1960
-			Larre		1119	seyer	_l	evi /	0 17 - 4
	5. Şi	"エ	6. COLOR OR RACE	MARRIED []	NEVER ARRIED	S. DATE OF/BIRTH	y. AGI	E (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
			4	WIDOWED	DIVORCED 🔲	may 1, 194	-8 /	yrs.	
	100.	USUAL OCCUPATION uring most of working	I (Give kind of work of	done 10b. KIND O	F BUSINESS OR INDUS	TRY 11. WIRTHPLACE (SION	a or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
-1			yel			Frederi	ek do-	l. ll.	S. a.
ı	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	A -	
M		74.00:		20000		m- 18	10 - D. +	f Boss	4
) 	15.	WAS DECEASED EVER	IN U.S. ARMED FOL	RCESP LIA SOCIAL	SECURITY NO. 17.	NFORMANT	anavy	Address	1
		no, or unknown)	f yes, give war or dates at	service)	7.	-NA . COO.		116.7	· Var RA
-		VU.			1/6	CELANT COCK	non_	medica	WNNZ 4
-		18. CAUSE OF DEATH		se per line for (o),	(b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
-1		PART I. DEATH	WAS CAUSED BY: AMEDIATE CAUSE (a)		rencho	freum	consa		5 days
-		1191X	DUE TO			7			
$\langle $		Canditions, If any							
-1	- 1	gave rise to immedia	ate couse						
-1		(a), stating the un	Gerrying						
	l		P SIGNIFICANT CON	DITIONS CONTRIB	ITING TO DEATH BUT	NOT RELATED TO THE TERM	UNIAL DICEASE CON	DITION CIVEN IN BART	II-N 10 HEAT AUTORCY
^		TAKE III. OTHE	K SIGNIFICANI CON	DITIONS CONTRIB	TO TO DEATH BUT	NOT KEENIED TO THE TERM	MINALDISEASE COM	DITION GIVEN BY PAKE	PERFORMED?
1	CERTIFICATED								YES NO M
1	RTIF	20a. EXTERNAL CAUS	E WAS RIBUTING []	b. DESCRIBE HOW	INJURY OCCURRED. (Enter nature of injury in Po	rt I ar Port 1) of item	18.)	
	F	CAUSE OF DEATH.							
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yea		- Ann	CE OF INJURY (Home, formary, street, office bldg., etc.	m, 20f. (City or low	n) (Coun	ty) (State)
	윘	Hour e.m.	19	While of work	Nat while of work	ory, street, office biog., en	"		
-1	-		t I took charge	of the remai	ns described abo	ve, held an Autop	v II. Inspec	tian 🗷 , Inquiry	[F], and find that
	-	death resulted	-					rmined cause .	en, one mid mor
	ı	death resulted t	Tom: Natoral	cooses Mi,	Accident [], 30	icide [e [], Undete	rmined cause [].	
		ACTUAL	2 0/20						DATE SIGNED
-		SIGNATURE	Delon	more		_M.D. CHIEF MEDICAL E			
1		EXAMINER'S	12 12 M	0		ASSISTANT MEDIC	TAL EXAMINER 🔲 🔏	1. 11n	
*		NAME (Type)	12,0,00	anna		DEPUTY MEDICAL	EXAMINER 🔛 🕝	711/60	
1	220.	BURIAL, CREMATION	, 226. DAJE THEREO	225. N	AME OF CEMETERY OF	CREMATORY	22d. LOCATION (Lity, tawn, or county)	(State)
	1	REMOVAL (Specify)	2/13/	leo Da	is Man	Constant	13/1/20	2.146-	Wid.
1	23. 1	FUNERAL DIRECTOR'S	SIGNATURE	A	DDRESS	24a. REQ	D BY REGISTRAR	24b. REGISTRAR'S SIGN	
	-	TI	4.1	. (1,	h. / 1.	1 1/2/ F	EB 15'60	arthur & ;	Traces
	- /	CHN Y	1 /4 /84.	11/19	KUI /4 /VC	DATE:			

TO DEPUTY MEDICAL EXAMINEP This certificate should be executed within 24 hours ofter death. (delay is necessary, please execute the certificate, writing the production of production o TO DEPUTY MEDICAL EXAMINER VS. A15ME(5) 5M 9/55

or removal.

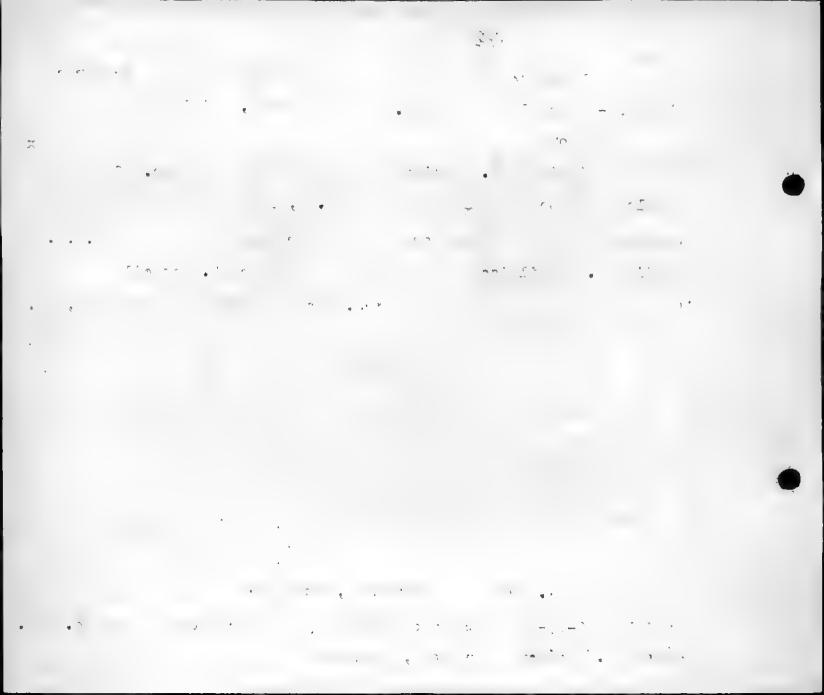


VS A15 (4) 15M 9/5B X

0

ARYLAND STAT	E DEPARTMENT	OF HEALTH-BALTIMO	RE, 18
19 91	CERTIFICATE	OF DEATH	Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mar yland b. COUNTY Fredorick
b. CITY OR TOWN (If outside corporate limits, write RURA, and give peacest town) Thurment— rural 50 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) X Thurmont, ND 1
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION HOME	d. STREET ADDRESS o. IS RESIDENCE on A FARM? YES NO
3. NAME OF Minnie First Middle Brice	Lost 4. DATE OF DEATH Feb. 13 Day Year 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 3, 1879 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework Day Work	Maryland U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Gardia A. Devilbiss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. II	Margaret E. Penwell
(Yes. no. or unknown) [If yes, give wor or dates of service)	rs. Dersey Stimmel Thurmont, Md.
Conditions, if any, which gave rise to immediate couse (a), stoling the underlying couse last. PART !! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH O de, S 12 dey 6 INTERVAL BETWEEN ONSET AND DEATH O de, S 12 dey 6 INTERVAL BETWEEN ONSET AND DEATH ONSET
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) (County) (County) (State)
1770	M.D. Thurm but - Md. 2/15/60 nont, Mar yland
Burial 2-17-60 Lewistewn C	emetery Lewistewn Fred Co. Md.
23: NUMERAL DIRECTOR'S SIGNATURE ADDRESS Raymond E. Creager Thurment, Ma	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LATY LAND 24g. REC'D BY REGISTRAR'S SIGNATURE CITCHEN S. Human



MARYLAND

o. STATE

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

b. COUNTY

4 haurs after death. Page 4

The law requires that the death certificate be executed wi

067

PLACE OF DEATH

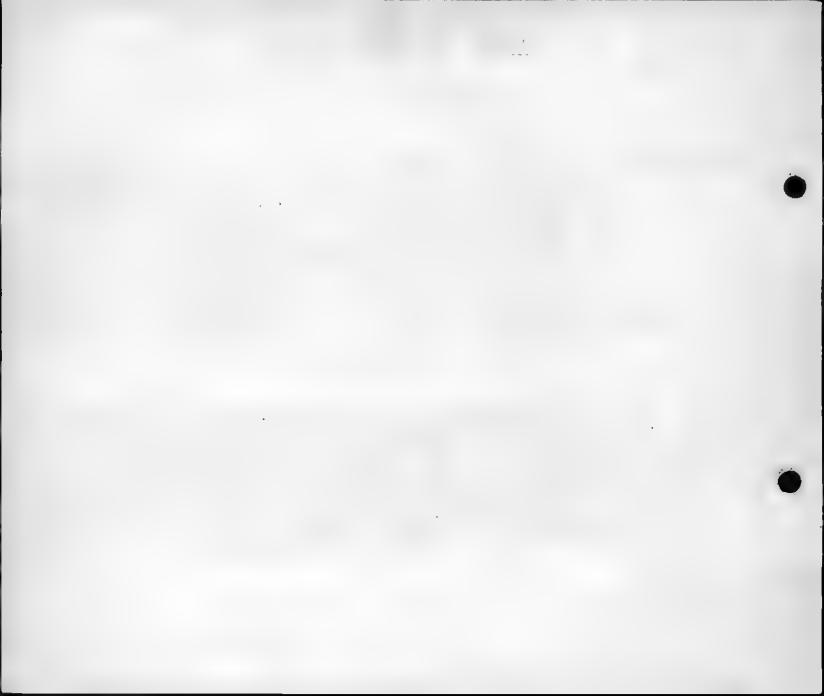
may be retained by the haspital at rending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs affer death. TO HOSPITAL OR

VS A15 (4) 15M 9/5B

Frede	erick	THE TEATER	Mary	Tand	rrederick
b CITY OR TOWN (If our RURAL and give neares	side corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If	oulside corporate limits, write RU	RAL and give nearest tawn)
Frederick	1 lowing	Years	// Fred	lerick	
d NAME OF HOSPITAL (If not in haspital, give street o		d. STREET ADDRESS		e IS RESIDENCE ON A FARMAZE
Frederick Me	emorial Hospit	al	/ 208	Magnolia Avenue	YES NOTE
3. NAME OF DECEASED (Type or print)	First CEORGE	Middle AMBERSON	BROWN	4. DATE Month OF DEATH Febr	
5 SEX 6	COLOR OR RACE 7. MARR	IEDK NEVER MARRIED B	DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOWE	DIVORCED	June 10, 189	95 64 yrs.	Months Doys Hours Min.
100 USUAL OCCUPATION (during most of working	Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (State	e or fareign country)	12 CITIZEN OF WHAT COUNTRY?
Minister	ille, even ir teilredj	Gospel	Penna	1.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John	Brown			Julia Stoops	
15 WAS DECEASED EVER IN	U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. IN	FORMANT	Addre	ss
(Yes, no. or unknown) (If yes	s, give war or dates of service)	20-34-0927 Mr	s. Alice M.	Brown-Same as I	tem #2
18. CAUSE OF DEATH	[Enter only one couse per lin	re for (o), (b), and (c).)			INTERVAL BETWEEN
PART I, DEATH V	WAS CAUSED BY: MEDIATE CAUSE (o)	Perebral	Vascular	Accident	ONSET AND DEATH
351 X	DUE TO		y it space		
Conditions, if ony,	which)				
gove rise to imme	ediote (
couse (a), stating the lying couse last.	under-				
_	GIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS U	NDERLYING 206. DESC	RIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I ar Port II of item 18.)	
UF EITHER, NOTIFY MED	DICAL EXAMINER)				
20c. TIME OF INJURY		C-at	CE OF INJURY (Home, far ary, street, office bldg., e		(County) (State)
Hour a.m.	19 While at war	k of work	ary, 211001, 011110 010g., 0		
21. I certify that	attended the decease	ed from /-2-	. 1958. to	2-2- 19601	hot I lost saw the deceosed
olive on 2	2- 196		occurred at 8:00		on the date stated above.
	1	/		ADDRESS (Street, city or town, st	
ACTUAL SIGNATURE	16 R M	Justa "	.b. East Chu	rch Street	2/4/60
	7	/ access			
PHYSICIAN'S Ré	x R. Martin, 1	M.D.	Frederic	k, Maryland	
	22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lown, or	county) (State)
Burial Specify)	Feb.6,1960	Greenmount Ce	metery	Greenmount,	Maryland
23. FUNERAL DIRECTOR'S SI		ADDRESS			TRAR'S SIGNATURE
M. R. Etchi	son & Son, Fre	ederick, Maryla	nd DATE	FEB 8 '60 C.	Thing & House





VS A15 (4) 1SM 9/S8

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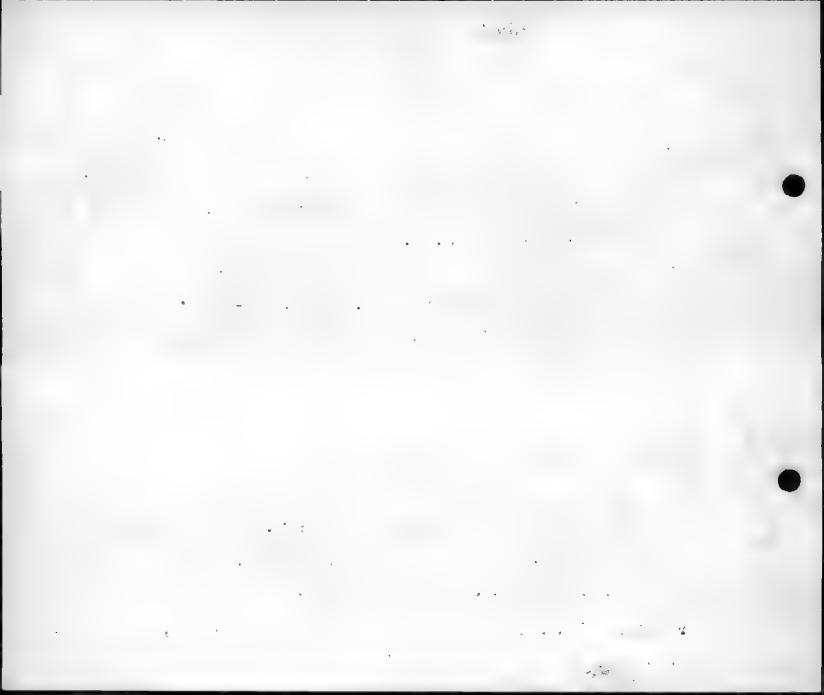
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1963

CERTIFICATE OF DEATH

Reg. Dist. No.

1)	1	9	6	7
٩	,	AR.	- R.J.	V	- 73

o. COUNTY	rederick	MARYLAND	o. STATE	Mary.	re deceased lived Land	county	Frede		
b. CITY OR TOWN (I RURAL ond give no Frederic		c. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town // Frederick						
OR INSTITUTION	Seventh Street	address)	d. STREET AD		t Sevent	h Stree	t	e. IS RESIDENCE ON A FARM? YES NO A	
3. NAME OF DECEASED (Type or print)	JOHN	MILTON	CRUI	1	4. DATE OF DEATH	Month Febru		3, 1 ₉ 60	
s. sex	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	r 11.	1886 73	1 1 1 1 1 1 1 1 1 1	UNDER 1 YE.	AR IF UNDER 24 HRS s Hours Min.	
during most of worl	ON (Give kind of work done 10b. king life, even if retired) Maintenance Mar		1	Waryl	and		1	OF WHAT COUNTRY	
	non Crum		14. MOTHER'S A		et Kacks	010			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		INFORMANT			Address as Ite	0.0		
	mmediate (ne for (o), (b), and (c)]	left	Eise	To the same of the		9	NTERVAL BETWEEN NSET AND DEATH LEWY +	
САПО	HER SIGNIFICANT CONDITIONS						IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING	S UNDERLYING 1 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enler nature of	injury in Po	ort or Port 11 of a	tem 16)			
20c. TIME OF INJUR Hour a. m. p. m.	While	£.	LACE OF INJURY (He ectory, street, office to		20f. (City or low	rn)	(Count	ly) (State	
21. I certify the alive an	at I attended the decease 196	(/		TOUR		auses and by or lown, sto	an the do	aw the deceased the stated above DATE SIGNED 2/4/60	
	. O. Thomas, M.	D.	м.в.		Maryland				
720 BURIAL, CREMATIO REMOVAL (Specify)	Feb.8,1960	22c NAME OF CEMETERY OF FORT Lincoln			Bladens	burg.	,,	(Stote) Maryland	
23. FUNERAL DIRECTOR	's signature hison & Son, Fr	address ederick, Maryl	ond		BY REGISTRAR	246. REGISTR	AR'S SIGNAT		



and in my

DATE SIGNED

(Stole)

18 Feb 1960

			MI	DICA	L EXAMIN	ER'S	CERTIFICA	ATE OF	DEATH	Reg. C	Dist. No.
DEPT.	7. 8	LACE OF DEATH	rederick	964	MARY	- 11	USUAL RESIDENCE		b COUN		derick
×		b. CITY OR TOWN (If ou side corporate liners, write RUBAL and give regirn) town) Frederick			Hour				Rural RD		d give nearest fown)
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 105 West Fourth Street					2)	d STREET ADDRESS Near Frederick e. 15 AESIE ON A F			
	1	NAME OF DECEASED Type or print)	DEWEY		WILLIAM		CHFIELD	4 DATE OF DEATH	Febr		Doy Yeor 17: 19
	5. \$	Male	6 COLOR OR RACE White	7 MARRIE	D NEVER MARRIED	_	pril 2,]	.921	9 AGE In years lost by doy) 38 yrs	Months	Days Hours Me
	10a.	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	ig life, even if relifed)		IND OF BUSINESS OR Lumber Comp		11 BIRTHPLACE (SM		country)	12. CIT	USA
	13.	FATHER S NAME				1.4	MOTHER'S MAIDEN	NAME			THE PARTY AND TH
	Alexander Crutchfield					Julia Gra	y Wilso	on			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (If yes, gives wor or doles of service) 225-34-1646 Mrs. Ovel Boyles (Same as ite										(2)
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		or (o), (b), and (c).	onia,	Enpyema	& Perio	arditis		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if a gave rise to imme (a), stating the cause last.	diale couse	L	gamman gar saganggangganan - y	gian I Andy					
~		PART II, OTI	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TEL	MINAL DISEAS	SE CONDITION G	IVEN IN PAI	RT 1(0) 19. WAS AUTO PERFORME YES NO
	CERTIFI	20g. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	Ob DESCRIBE	HOW INJURY OCCUR	IREO (Enter	noture of injury in !	art I or Part I	of item 18 }		
	SCAL	20c TIME OF INJU	RY Month, Day, Ye		NJURY OCCURRED 2	De. PLACE C	OF INJURY (Home, fo	orm, 20f. (Cit	y or town)	{Co	verty) (S

Not while

at work of wark

execute the certificate, writing the CA should be forworded to the CATO FUNERAL DIRECTOR: Page 3 or its designoted agent, prior to

VII. A15IIIE

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

220. BURIAL CREMATION, | 226 DATE THEREOF

ACTUAL

NAME (Type)

REMOVAL (Spec (y) Burial

apinian deoth resulted fram: Natural causes A.

B. O. Thomas, M. D.

22c NAME OF CEMETERY OR CREMATORY Frederick Memorial Park

21. I certify that I tank charge of the remains described above, held an Autopsy 🔀 Inspection 🔣 Inquiry 🛣

Accident .

22d LOCATION (City, town, or county) Frederick, Maryland

246 REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAN

Suicide [], Hamicide [], Undetermined manner

DEPUTY MEDICAL EXAMINER



havrs after death. Page 4

AN: The law requires that the death certificate be executed w

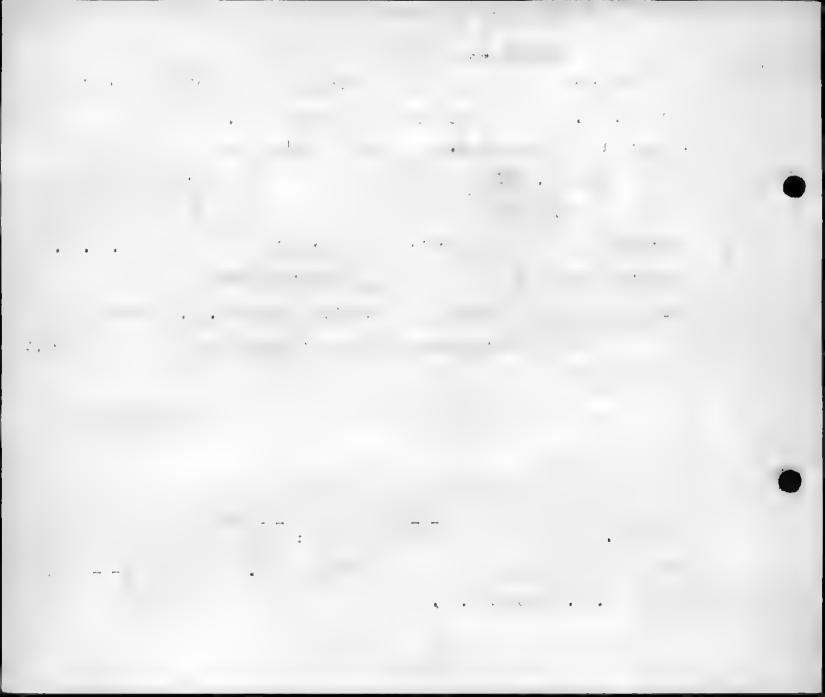
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CERTIFICATE OF DEATH

- J-			J 4=4=0U 6 v	K#g.	DIST. 140.
はる	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased g STATE	L COUNTY	dence before odmission)
ŀ	Frederick		Maryland	Prince G	sorge's
ı	 CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town) 	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL a	nd give nearest town)
ŀ	d. NAME OF HOSPITAL (If not an hospital, give st	One Day	Allentown, Md.	151	1 11
l	OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ŀ	Victor Cullen State		6656 Pat's Lane		YES NO I
	3. NAME OF DECEASED (Type or print) Alice N. DA	Middle	4. DATE OF DEATH	February	5, 1960 19
ľ	_	MARRIED TO NEVER MARRIED	B. DATE OF BIRTH	9. AGE [In years IF UNI	DER I YEAR IF UNDER 24 HRS.
L		DOWED DIVORCED	March 13, 1907	74 yrs.	B Doys Hours Min
I	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign co	ountry) 12.	CITIZEN OF WHAT COUNTRY
l	Housewife	Domestic	Virginia		U. S. A.
Æ	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	7	
	George Dean		Victoria Gree	n	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	- Address	
	No		Jospital Chart(V	m. L. Day	fa)
F	18. CAUSE OF DEATH [Enter only one couse p				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ar Advanced D	lmonary Tubercu	losts	ONSET AND DEATH
ı	DUE TO	ALL SULVENILLE OU PI	THOUSE THE THE	ITOSES	12 113.
ı	Conditions if any which \				
ı	gove rise to immediate				
1	Luing course level				
	(-)	ONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN E	ART 1(a) 19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNI		The real state of the second state of the seco	CO. TOTALON TOTAL	PERFORMED?
	20g ACCIDENT WAS UNDERLYING TI 20h	DESCRIBE HOW INJURY OCCUPRED	. (Enter nature of injury in Part I or Part	II of item 18.1	YES NO
	206 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE PROPERTY OF THE PARTY OF TH	- terror invites at milaty at 1 Att 1 Ot Coll		
		0d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City	or lawel	16
1	Haur o.m.	Vhile Not while . foct	ory, street, office bldg., etc.)	or rownj	(County) (State)
		t work of work			
	21. I certify that I attended the dec	eased fram 2=5=1960), 19, to 2=5=19(00, 19,that	I last saw the decease
	alive on Feb. 5th	10Ω, and that death	accurred all:10PM, from		the date stated above
			·	reet, city or town, stole)	'DATE SIGNE
	ACTUAL SIGNATURE	Arab. N	D. Cullen, Md.		2-5-1960.
ı	PHYSICIAN'S		•		•
-	NAME (Type) T. F. Vesta				
	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		ION (City, town, or count	4
-	Buraul 2-9-60	Fort Lincoln	// rri.	Geo. Coun	ty, Md.
2	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS/	11 8/2 1/	RAR 24b. REGISTRAR'S	SIGNATURE
1	14 arman 17 12	1.1 / Bensoneth	777 - FFR 1 0 'G	0 0 7/ 4	2 45

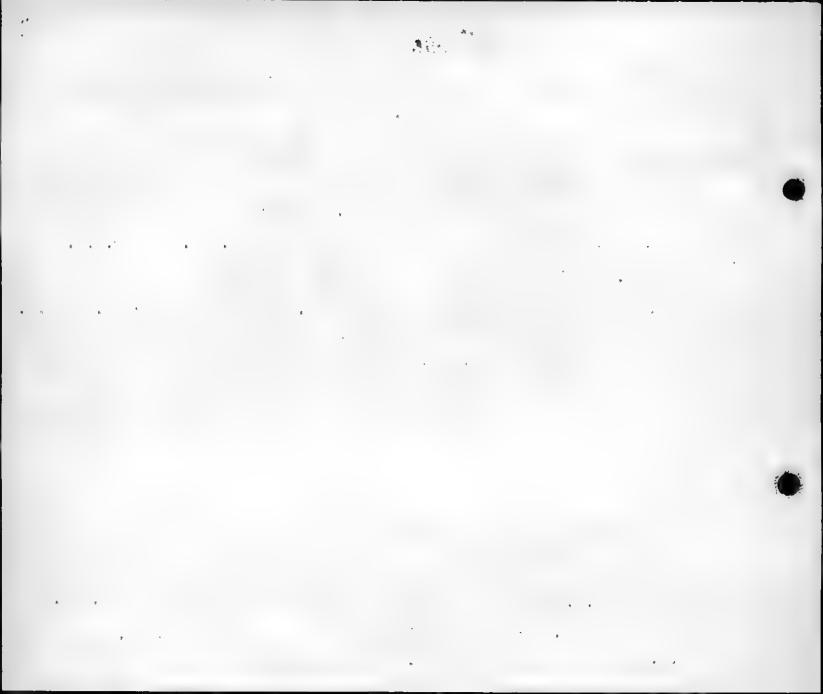
TO HOSPITAL OR ATTENDING PHY VS A15 (4) 15M 10/S7



4 5 1					m, V		-16-6-							
age 4	-	1	PLACE OF DEATH					2. USUAL RESIDEN a. STATE	NCE (Where	deceased			nce before o	admission)
n. Page	-B		U. COUNTY	AND	Maryland b. COUNTY Frederick									
brad high			b. CITY OR TOWN	(If outside carparate limi	ts, write	c. LENGTH OF STAY I	N 1b				ate limits, write l	RURAL and	give neares	t town)
r death.	_/		RURAL and give Rural	nearest town}		38 vrs		XRural						
ofter de the fun shauld		\vdash		PITAL (If not in hospital, g	ive street		•	d. STREET ADD	DPESS.		_			S RESIDENCE
of F	×		OR INSTITUTION	1		·		1						ON A FARM?
in by the fond 2 shau	^	F	Bartonsville						TIAL HOLLS VILLE					
24 hr		3.	NAME OF DECEASED	Fir	st	Middle		Lost	4.	OF	Mo	nth	Doy	Year
E 5			(Type or print)	Gladys		Jane		vis	}	DEATH	Febru	ary	14	1960
completely fille		S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	B 🔲 8	. DATE OF BIRTH			9. AGE (In years last birthday)			UNDER 24 HRS
To do			Temale	d	WIDOW	ED TY DIVORCED	DI	Feb. 15-	-1901		5 8 yrs	Months	Days H	lours Min.
ad completed in popers.		P-state.	USUAL OCCUPAT	ION (Give kind of work	done 10b	KIND OF BUSINESS OF			A 10 A 11	foreign co	4 4	12.CIT	IZEN OF W	HAT COUNTRY?
	1	1	during most of wo	rking life, even if retired)	** ** ** *	v v v	The e 2 e		0 -	37.3		TT C	
ond boo		/ 13	Housewi.	re .		2696469	24,24,24	Frede			MICL	1	U.S.	1.
on ond carbon after d	` '	1.	. TAITIER 3 HAME											
sici ve ve		\perp	John C.	Norris				Minni	e Pl	ater				
Physical Phy			. WAS DECEASED EN	FR IN U.S. ARMED FOR I (It yes, give wer or dates of si		SOCIAL SECURITY NO.	IN	FORMANT			Add	iress		
ing ing			No			None	L G1	ladvs O.	Gar	ner-	-Lingan	ore	Rd. I	Pred No
andi eas		-	IB. CAUSE OF D	EATH [Enter only one co	use per Ji	ne for (a), (b), and (c)]							INTERV	AL BETWEEN
de de				ATH WAS CAUSED BY		A : 121 1/1 2	- T	1 7	1.	1 7			ONSET	AND DEATH,
the her			1470	DUE TO		1		1 1 - 1	le la		<u> </u>		+ -6	- 1 V Singer
hat			700			14/-1/	cal	60	() L				1 /	213
t pa			Conditions, if	immediate	1	1 44 1120.	316	6 67	0	1/1			-	Je ELE
Ped a			couse (a), stating	g the under- DUE TO	1								1/	
red ian ian sit		1.	lying cause last	, (c									1	
ow /sic bee frag) ATION	PART 11. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO TH	HE TERMINAL	L DISEASE	CONDITION GI	VEN IN PAR	RT 1(a) 19	WAS AUTOPSY PERFORMED?
ph)		7 3												ES NO
ing he h bur		<u></u>	200 ACCIDENT V	AS UNDERLYING	20b DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature of in	njury in Part	1 ar Part	II of item 18.}			
AN Prodict		CEST	(IF EITHER, NOTIF	G CAUSE OF DEATH										
on and		₹	20c TIME OF INJU	JRY Manth, Day, Yes	or 20d. II	NJURY OCCURRED	20e PLA	CE OF INJURY (Hor	me, farm,	20f. (City	or tawn)	-	County)	(State)
S C S		MEDICAL	Hour a.m	10	While	Not white	facte	ory, street, office bi	idg , etc.)			,	, ,	,,
ital Tali		2	p. m.	. 12	at wor	k at wark	. 4		- 1					
osp frei id fr			21. I certify	hat I attended the	deceas	ed fram. 12/12	41	, 19,52.4,	la = T c	lj:2	<u>7-</u> , 19 <u>/ 2-</u>	Ahat I le	ast saw t	he deceased
S A S S S S S S S S S S S S S S S S S S			alive an	7.65112	, 19.3	20, and that	death ⁽	accurred at	M,	fram	the causes a	nd an th	e date si	ated abave.
TTEI The Tolk of the Color of t				, , , , , 1	-	77	V.		4 ADD	DRESS (SI	reet, city or town	state) /	/	DATE SIGNED
A P P P P P P P P P P P P P P P P P P P		,	ACTUAL SIGNATURE	-Therete	(,	162:00	7/1/W	.D.	1-11+ -	et.	- " / C"	1:11	1 1	1/6/60
D B B		/		C .			, / "						4	
FAL AL hou			PHYSICIAN'S NAME (Type)	B.O. Thom		/		Profe	agion	107	Buildir	d En	600	MA
SPIT De r JER 3 sl		2	a BURIAL, CREMATI			22c. NAME OF CEME	TERY OR				ION (City, town		o.d.	Md
HOS HOY D FUN Oge			REMOVAL (Specif	y)				CKEMATORT	220			Or COOMY)		(31916)
0 0 0 0 0		22	Buraal Directo		-60	Fairvie ADDRESS	107	1.			derick	Md	Chiaring	
VS A15 (4)	. 10	23	C.E. Hich					i	4a. REC'D 81			STRAR'S SI	FINANCE	4
1SM 9/SR	3 1		O * TIT GT	TO TIT LL	eder	rick, Md.		D.	ATE PEB	1 1 1				

TO IIOSPITAL OR ATTENDING PHI may be retained by the hospital a VS A15 (4) ISM 9/SB

24 hours ofter death. Page 4



7 (75	Á	MARTLAND STATE DEPARTMENT OF REALTH—BALTIMORE, 18
ंत		CERTIFICATE OF DEATH Reg. Dist. No.
erol director, be filed with	A)	1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Carrol
the Funeral should be fi		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) FREDER ICK 1/2 day Rt. 6 Westwin 14572R RURAL and give nearest town)
714	17	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL d. STREET ADDRESS ON A FARM? YES IN NO II
filled in b		3 NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) ERIC DVER DEATH Feb 20 1960
campletely filled papers. Pages 1		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Manths Days Haurs Min 3 20 Haurs Min 3 20 Haurs Min 3 20 Haurs Min M
	-	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) M. d. 12 CITIZEN OF WHAT COUNTRY?
ह हैं हैं।		JAMES E. DYER HELEN EGOLF
ng physiciar remove 72 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Ver. no. or unknown) (If yes, give wor or dates of service)
attending please r within 72		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONChiolitis
by the it. The	/	49/X DUE TO
on. I signed sit perm nd in or		gave rise to immediate cate (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)
ng physicia e has been burial-trans	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ANEMIA OF Prematurity YES NO.
nding the bu		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notifie of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ol or this cerr r use as		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work of two work of two of two work
haspit After ched for urial, cr		21. I certify that I attended the deceased fram 20 Feb , 1960, to 20 Feb , 1960, that I last saw the deceased alive an 20 Feb , 1960, and that death accurred at 8:30PM, fram the causes and an the date stated above.
d by the		ACTUAL SIGNATURE BLG WAS M.D. 6 W3 7 9 ST 2/ Feb 60
ERAL DIR 3 shauld k gistrar pri	1	PHYSICIAN'S NAME (Type) Fraderick, Md
may be retained by the POSE STATE TO FUNERAL DIRECTOR: page 3 should be detag the registrar prior to but		220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c NAME OF CEMETERY OR CREMATORY BIRPLAL FIB. 23, 60 WINTERS CEMI. REMOVAL (Specify) FIB. 23, 60 WINTERS CEMI.
VS A15 (4) 15M 9/55	`)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE FEB 2 5 '60 Chilm 8. Krama
		2°. 3171×112.

TO HOSPITAL OR ATTENDING PH

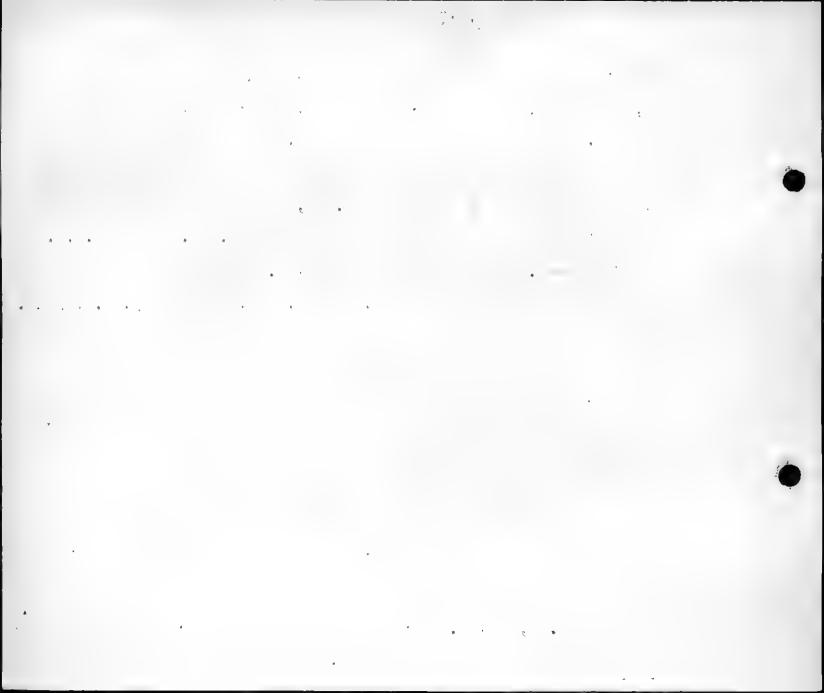
VS A1S (4) 1SM 9/S8

		1.00#	CERTIFIC	ATE OF	DEATH			Reg. Dist.	. No.			
1. PLACE OF DI	Frederick	2000	# MARYLAND	2 USUAL RES	Maryl	ere deceased in	ved. If institute b. COUNTY	on. Residence Fred	before odm	ssion)		
RURAL one	OWN (If outside carporate limits, give reacest town) v111e	write c LENGI	TH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Knoxville								
*	HOSPITAL (If not in hospital, giv-	4-7-		d. STREET					ON	A FARM?		
3 NAME OF DECEASED (Type or prin	First William			Ecker	st	4. DATE OF DEATH	Man 2	th	18_	Year 1960		
s. sex Male		MARRIED NI	EVER MARRIED DIVORCED	B. DATE OF BIRT	н 1879		AGE (In years last birthday) 80 yrs.		YEAR IF UNI			
10a USUAL OC during most Retire			BUSINESS OR INC		yland		try)	U.S	A A	COUNTRY		
	David W.Ec	ES7 16. SOCIAL SE	ECURITY NO	INFORMANT			E.Wes					
Condition gove rist cause (o), lying cour	OF DEATH [Enter only one coust II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO UE TO LE	S	(b), ond (c).]	S. Lona	Trans.)/ege	6		INTERVAL ONSET AN	BETWEEN ID DEATH		
200 ACCID	ENT WAS UNDERLYING [] 2 BUTING [] CAUSE OF DEATH			RED. (Enter noture					PERI	FORMED?		
₹ 20c. TIME O	NOTIFY MEDICAL EXAMINER) FINJURY Month, Day, Year o m. p, m. 19		while	PLACE OF INJURY factory, street, office			town)	(Co	ounty)	(Stote		
21. I cer alive an ACTUAL SIGNATURI PHYSICIAN NAME (Typ	C.E.Pru	1810		th accurred at	Bro	Wick.	e causes and the causes are the causes are the causes are the causes are the cause are	nd_	date state			
BURI/ 23 EMMERACOI	IL 2-22-19 RECTOR'S PIGNATURE		Reforme PRESS	d	24a. REC'E	Knox BY REGISTRA	viller R 245. REG	Mary STRAR'S SIĞI	land NATURE			
12 hie	teelt Brun	swick, M	aryland		DATEFE	B 26'60	C.	Imy 8, 9	Trans			

4.45 · · · · · · . . . ř. £.

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hours after death.

certificate be executed wi

requires that the death



MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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To the	966	CERTIFICATE	OF DEATH

(1976) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	TCK MARYL	II a. STATE	MARYLAND	b. COUNTY	PREDERICK	idmission)
B CITY OR TOWN (If outside corporate tien RURAL and give recept lawn), RED,	THE POST ALL LENGTH OF STAY II	N 16 c. CITY OR X La G	TOWN (If outside corp	orate limits, write RL	JRAL and give neares	t lown)
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION FREDERIC	give street oddress) CK MIM, HOSPITAL	d STREET /	k Ave,		1	S RESIDENCE ON A FARM? ES NO T
(Type or print) LOI	LA MISOURA	A GIBS	1 00	Mont FIG	th Doy	1960
5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3.6 1-	18th 1881	9. AGÉ (In years fast by thdoy) yrs	Months Days H	OUFS Min.
100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Houth 1116	done 10b. KIND OF BUSINESS OR Own home		LACE (Slote or foreign ryland	country)	12 CITIZEN OF V	
13 FATHER'S NAME			MAIDEN NAME			
Harvey Re			• Misner			
15. WAS DECEASED EVER IN U. S. ARMED FOR		Mrs Marth	a Devis	Addr		
			TOUT TO	Thurm		A
18. CAUSE OF DEATH [Enter only one c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A A STA	conquir	rations		ONSET	AND DEATH
4-22.1 DUE TO	Certinischer	+ 1 1:	7/	//	·zus	eny year
I DOVE ITSE TO IMMEDIATE		ec carrie	payeur	ACCEPTED.		
couse (a), stating the under-	0					
	(c)	TH BUT NOT RELATED TO	O THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a) 19.	WAS AUTOPSY
3 Browellopme	umoria - ver	nl			F	ERFORMED?
PART II. OTHER SIGNIFICANT CON DE CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OC	CURRED. (Enler nolyre o	of injury in Part I or Pa	rt () of item 18.)		
20c. TIME OF INJURY Month, Day, You Hour a.m. 19	ear 20d. INJURY OCCURRED While Not while of work of work	20e PLACE OF INJURY foctory, street, offic	Home, form, 20f. (Ci a bldg , etc.)	ly or lown)	(County)	(Stole)
21. I certify that I attended the	e deceased fram July	7, 195_2	7, to Feb.	1.5 , 1960	that I last saw	the deceased
alive an Fel. 14	, 1966 and that	death accurred at	6:00 A.M. fro	m the causes a	nd on the date	stated abave.
ACTUAL SIGNATURE	1. Attlan	4 40	ADDRESS (Street, city or lawn, :	storel Fil	7.196
PHYSICIAN'S FRNEST	A. DETTBA	4RN	Malley.	willi, t	red.	
22a. BURIAL, CREMATION, 22b. DATE THERE- REMOVAL (Specify)	OF 22c. NAME OF CEME	TERY OR CREMATORY	22d. LOC	ATION (City, town, o	or county)	(Stote)
Burial Feb. 18-			Le	Gore		Б
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24a, REC'D BY REGIS		TRAR'S SIGNATURE	
J. J. Ballori	Welkersvil	le MD	DATE FEB 1 9	'60 a	Milwy S. Hisus	1



15 % * # #

1. PLACE OF DEATH a. COUNTY --

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CERTIFICA

MARYLAND

c. LENGTH OF STAY IN 16

1967

NT OF HEALTH	-BAL	TIMORE,	18		0.1	971
TE OF DEATH			Reg. 1	Dist. No	,	O · K
2. USUAL RESIDENCE (Who o. STATE	lru	b. COUNT		ence befo	ire admiss	ion)
c. CITY OR TOWN (II)	utside carpo	rate limits, write	RURAL on	d give ne	orest fawn)
d. STREET ADDRESS						DENCE FARM?
HARDY	4. DATE OF DEATH	many .	onth		'.	reor
Date of Birth 1	31	9. AGE (In year lost birthday) Months		Hours	R 24 HRS Min.
RY 11. BIRTHPLACE (Stole	or foreign c	country)	12. (IL. S		COUNTRY?
14. MOTHER'S MAIDEN N	AME Unru	À.				
ormant s War. Pe	. 11	Ac	sko 47	i in	'n	2/
1220 , Ec	ύl /			INT	ERVAL BE	DEATH
i di ir rec	to k			- %	, l	′
					,	
or related to the termin			SIVEN IN P	ART 1(o)	PERFO YES [AUTOPSY RMED?
(Enter noture of injury in P	ert i or Por	t II of item 18 }				
E OF INJURY (Home, form,		y or town)		(County)		(Slote)

27

	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street oddress	1}	d. STREET ADDRESS			•	N IS RESIDENCE
	tricker	k meule	real) bosactal					YES NO
3.	NAME OF DECEASED	Fir	sf	Middle	Losi	4. DATE OF	Month	Day	Yeor
	(Type or print)	Zo	Α	IRENE	HARDY	DEATH	testree	47 /-	2 196 6
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.			IF UNDER 24 HRS
		W	WIDOWED 🔲	DIVORCED 🗌	Dec. 18 18	81	78 yes.	Months Days	Hours Min.
10	 USUAL OCCUPATIO during most of work 	N (Give kind of work or ing life, even if retired	done 10b, KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLAČE (Stole	or foreign cou	ntry)	12. CITIZEN O	WHAT COUNTRY?
	House		own	home	mary	land		11.5	A -
13.	FATHER'S NAME	- / 1			14. MOTHER'S MAIDEN I	MAME			
	: ewes	Hardy	1		Ellen B.	anne	ĥ.		
	WAS DECEASED EVER	IN U. S. ARMED FOR		L SECURITY NO. 17	INFORMANT	1 4	Addres	is	1
	no	I yes, give war ar ealer on t	ELAICE)		us war. Pe	iller	Walker	silie	mel
		TH [Enter only one co		(o), (b), and (c).]		VI /			RVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Card	ine client	. 1200 , Cc				extange
	422.1	DUE TO			4		-	. 1.	,
	Conditions, if ar	10	Cirta	instrolie	to de or see	6 × 1	-4 - 41		in it
	gove rise to in couse (o), stating t	N PALIC TO							
	lying couse lost.) (c)						
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(0) 15	PERFORMED?
CATION	Meute 1	Ford for	decomposit	in; Fino	ture of user.	1h	The same		YES NO
CERTIF	20s. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE I	HOW INJURY OCCUR	ED, (Enter noture of injury in	Part 1 or Part I	l of item 1B }		
- 1		MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye			LACE OF INJURY (Home, form	20f. (City o	r town)	(County)	(Slote)
MED	Hour a.m.	19	While 1	AGI MILLIE	ociony, index, office oldge, etc	"1			
	21. I certify the	at I attended the	deceased fro	om. 12-26-51	19.5 Z, to 7	12.12	1950	that I last sa	w the deceased
	alive on	et in	19:-[[]]	, and that deal	h occurred at 2				
		10 . 6 16	1.	-			el, city or lown, st		DATE SIGNED
	ACTUAL SIGNATURE	. 16 " 2 / /.	XVIII	type 2 4 2	. M.D.			-540	13 1,3
			13	~: ^:	7, 1	7-	1	<i></i>	
	PHYSICIAN'S NAME (Type)	-KNT>1	H. 1. 1.	17/30/2V	1.7.60	nt rt	in fred	<u> </u>	
22	o- BURIAL, CREMATION	N. 226. DATE THEREC)F 22c	NAME OF CEMETERY	OR CREMATORY	22d LOCATIO	ON (City, lawn, ar	county)	(Stole) /
	Bunal	1-2/14/	50 3	Unde e	emetery	Make	Cirsnek	20	md.
23	FUNERAL DIRECTOR'S	SIGNATURE	. /	ADDRESS	24a. REC"	D BY REGISTRA	AR 246 REGIST	RAR'S SIGNATUR	
	-4 C. K	arlon	Uhr	Kersnell	e M. DATE FI	EB 1 6 '60	Civ	hur S. Their	L.A.
					7				

VIII A15 (4) 15M 9/55

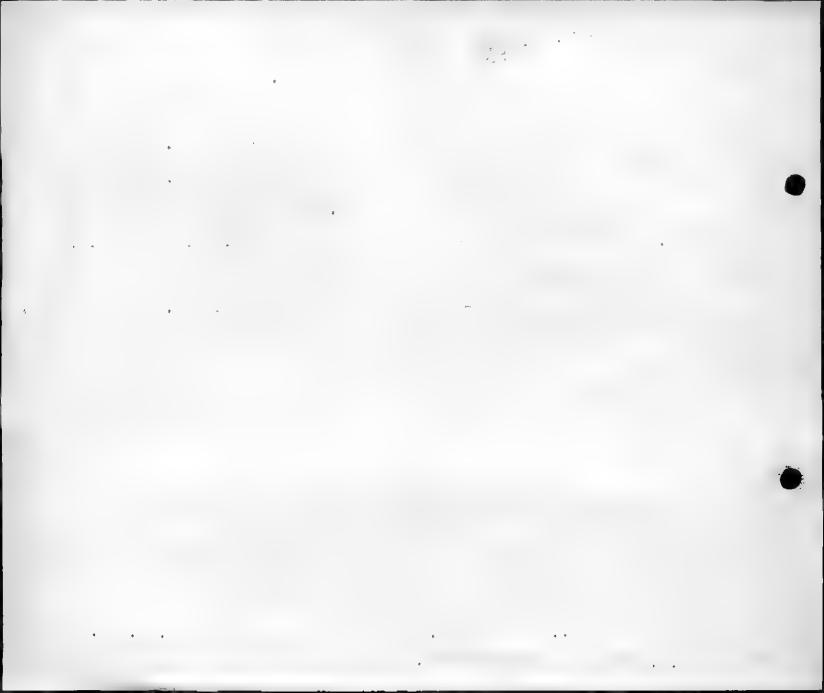
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TO HOSPITAL OR ATTENDING PHY

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MARTLAND	SIAIE DEPARIM	ENI OF HEALIN	DALIIMOKE,	01079
	100	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.
ī	PLACE OF DEATH	3	2. USUAL RESIDENCE (Wh	ere deceased lived. If institu	ution: Residence before admission)
	Frederick	MARYLAND	o. STATE Md.	b. COUN	Frederick
П	b. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside corporate limits, write	RURAL and give nearest town)
1	Frederick	1 day		Monrovia	
	d. NAME OF HOSPITAL (If not in haspital, give street or institution Frederick Memorial Ho	oddress) Ospital	d. STREET ADDRESS	nrovia Rt	e IS RESIDENCE ON A FARM? YES NO
-					
3	NAME OF First DECEASED (Type or print) Mary Joe I	Middle Harris	Last	4. DATE MOF DEATH Feb 4	onth Day Year 1960
S	. SEX 6. COLOR OR RACE 7 MARK	TED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In yea	
	Female Colo red WIDOWI		Aug. 23-18	76 83 P	
1	Oa. USJAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY , 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Ret. School-teacher		Frederic	k Co. Md.	U.S.A.
/[1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Joheph Johnson		Middiea	Brooks	
1		SOCIAL SECURITY NO.	NFORMANT		ddress Maryland
T.	10 /07 000000	9-36-2664D	Carl Ha rr	is Rt.4 Mt.	_
F	1B. CAUSE OF DEATH [Enter only one cause per lie		7,12 20 22.7		INTERVA, BETWEEN
I	PART I. DEATH WAS CAUSED BY:	rebn: vecsa	in them	almes s	ONSET AND DEATH
ı	260 X DUE TO				2,43
ı	Conditions of new subjets	Hanr cila	OHIC		ann. 10 was
ı	gave rise to immediate		· ' n >		(c) 15 ×
	lying couse last.	tabetes 1	welligh 5		ayy 10 475
1 2		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION C	GIVEN IN PART 1(a) 19. WAS AUTOPSY
CIA VIII AGEN	<u> </u>				PERFORMED?
1	20a. ACCIDENT WAS UNDERLYING 1 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in F	Port I ar Part II of item 18.)	
100	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	(County) (State)
140101	Hour o.m. White p.m. 19 of worl	Not while fo	ctory, street, office bldg., etc.	1	
	21. I certify that I attended the deceas	ed fram Tels . 11	1960, ta	Tels. 20 1061	Q,that I last saw the deceased
	alive an Tel 20 60 19				and an the date stated above.
		A		ADDRESS (Street, city_or low	
	ACTUAL Raft d. We	L. St.	MD Shop	ping len	ter
		1 1 1	7	1,	2
	PHYSICIAN'S / Ka(Ph	L. Michels		hreder i	le hed
2	2a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town	n, or county) (Stole)
	Burial Feb. 26-60	St. Paul	s	Della-Fred	L.Co. Md.
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. 2561	BY REGISTRAR 245. RE	GISTRAR SO GOTATURE
	C.E. Hicks 111 Freder	cick-Md.	DATE		





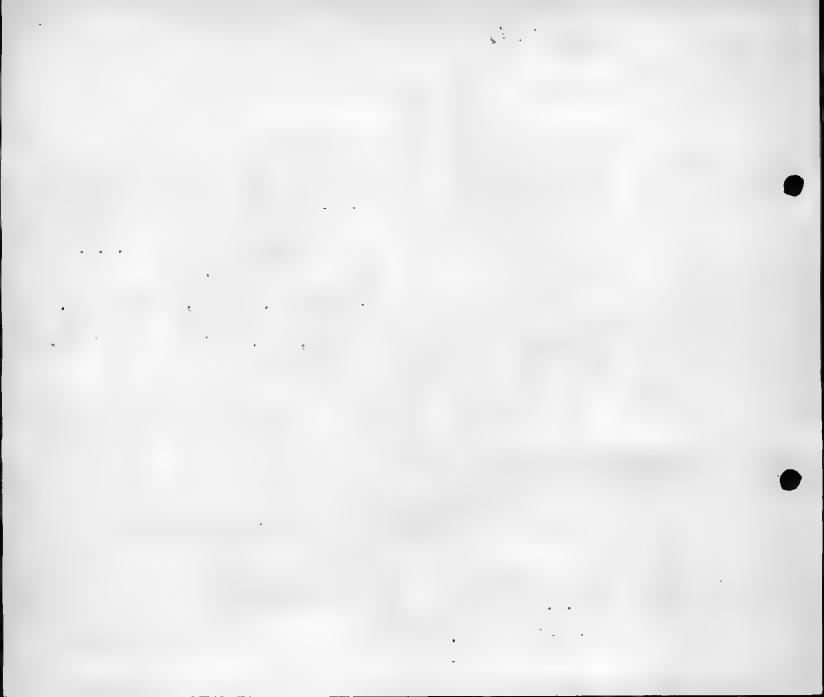
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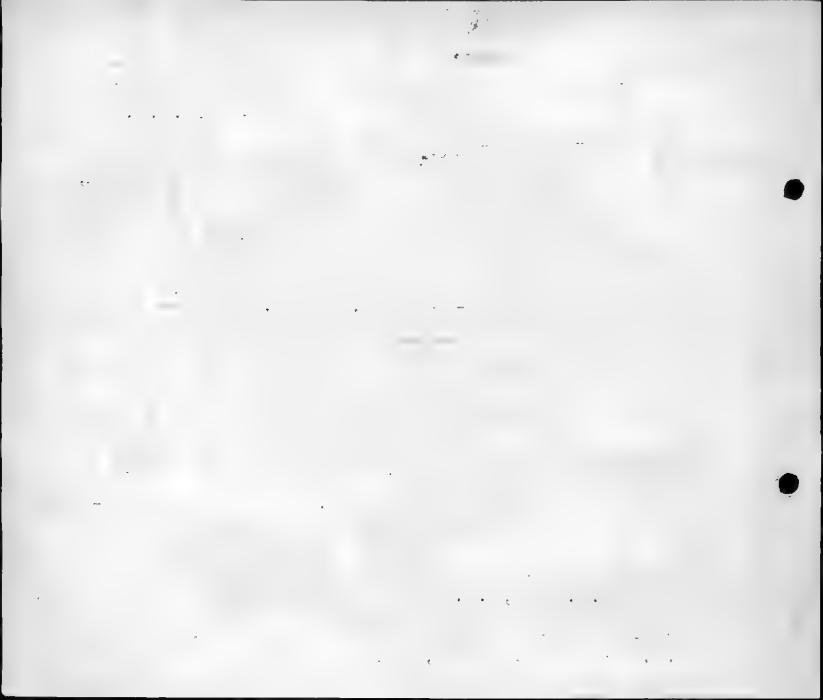
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 0 50 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1			1 6	4
3	-	~ 1	, •	F.

	1979	Reg. Dist, No.
1	PREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a STATE MARYTAND b COUNTY FIREDERICK
	b. CITY OR TOWN (If outside corporate I mile, we to RUPAL and give reduct foun) FREDERICK 2 hours	c C TY OR TOWN (if autside corporate limits, write RURAL and give nearest lawn) PETERSVILLE
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) FREDERICK MEMORIAL HOSPITAL	Route, KNOXVILLE
	NAME OF DECEASED (Type or print) HELEN VIRGINIA JEN	JKINS Last 4 DATE Month Day Year DEATH 2 20 160
2	FEMALE WHITE WIDOWED DIVORCED	3-31-1918 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1904 birthday) Months Days Hours Min
1	0a USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWIFE HOME	RY 11 BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY U.S.A.
	13. FATHER'S NAME EARL DIXON	14. MOTHER'S MAIDEN NAME DAISY M.VIRTS
		William H. Jenkins, Knoxville, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause [a), stoling the underlying couse tast. (c)	morrhage, Left, Massive Phrase 2 hrs/
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		nter nature of injury in Part I or Part II of item 18.)
	Hour a.m. While Nat while facts p. m. 19 of wark all wark	CE OF INJURY (Home, farm. 20f (City or town) (Caunty) (State) (Caunty) (State)
	21. I certify that I taak charge of the remains described abortopinion death resulted from. Natural causes . Accident	
	ACTUAL BUSTEMBLE BUSTEMBLE	_M.D. CHIEF MEDICAL EXAMINER [] 2/22/1960
	EXAMINER'S NAME (Type) B.O. THOMAS	DEPUTY MEDICAL EXAMINER
	220. BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) 2-21-1960 ST. MARKS ADDRESS	PETERSVILLE, MARYLAND
1	6. Ku Tucke BRUNSWICK, MARYLAND	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 2 6 760 Calling 8 House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirs on e. COUNTY Frederick South Carolina COUNTY Anderson Heelth. MARYLAND files. b. CITY OR TOWN I foulside corporate limits, write \$URAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Minutes Anderson-Rural R. F. D. #5 retained for your Store Board of d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Frederick By-Pass Route 15 YES NO Stote death. 3. NAME OF DECEASED Eirst Middle 4 DATE Month OF DEATH ROY EUGENE KELLEY with the (Type or print) 60 February 19 f 72 hours offer 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS lost larthday] Months Hours White 12 Feb 1929 Male WIDOWED [DIVORCED [50 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Used Cars | 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Poge 12. CITIZEN OF WHAT COUNTRY? USA form PM3. 13. FATHER'S NAME poges 14. MOTHER'S MAIDEN NAME Carl Kelley Ruby Walters 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO er unknown) (If yes, give war or dates of service) Mrs. Phyllis K. Kelley (Same as item #2) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fractured Skull IMMEDIATE CAUSE (a) buriol-transit Office **DUE TO** Crushest Chest Minutes Conditions, if ony, which gove rise to immediate couse pending in ficol Exominer **DUE TO** (a), stoting the underlying couse fost. O 000 PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS pasa PERFORMED? Medicol 20g EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enler nature of injury in Port I or Part II of Item 18.) pe prior to buriol. should Auto he was driving ran into side of tractor trailor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year (County) factory, street, office bldg., etc.) 19 60 White Not while By-pass Rt. (") Frederick-Frederick-Maryland 10 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection X, Inquiry XX, and in my execute the certificate, v 4 should be forworded opinian death resulted fram: Natural causes . Accident . Suicide , Homicide , Undetermined manner designoted **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** B. O. Thomas, M. D. 11 Feb 1960 NAME (Type) DEPUTY MEDICAL EXAMINER (X) 220. BURIAL CREMATION, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 2-12-60 70 Anderson, South Carolina 23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland 24st. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE IIIS, A15ME arthur & Krous 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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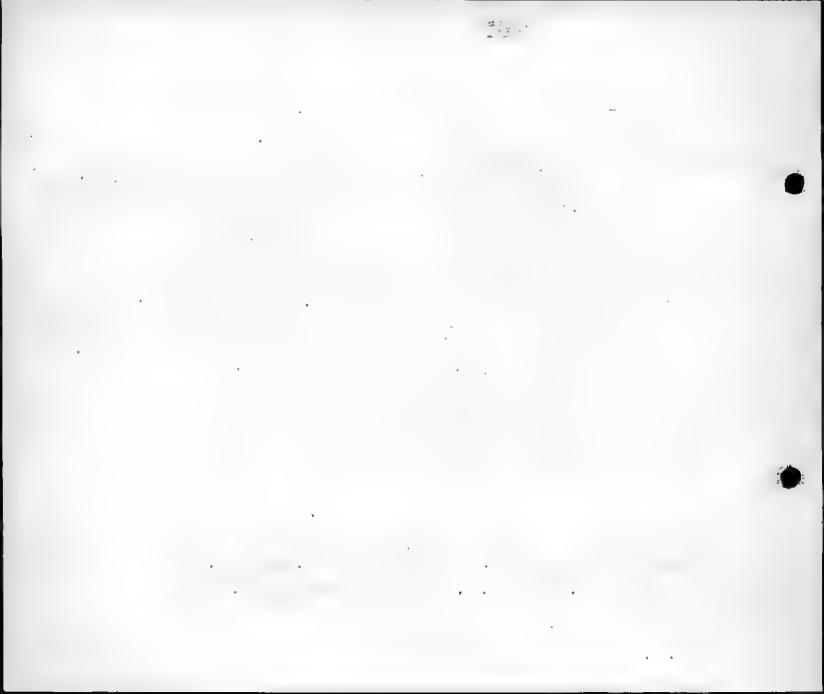
VS A15 (4) 15M 9/58

MARYLAND	STATE D	EPARTMENT	OF I	HEALTH-	BALTIMORE,	18
2200	C	DTIELCATE	^ F	DEATH		

6- JUV CERTIFICATE OF DEATH

01977 Reg. Dist. No.

	o. COUNTY Frede	o. COUNTY Frederick MARYLA						nd	lived If institut b. COUNT	ion Residence Frede	before odmi rick	ssion)
	b CITY OR TOWN (If or RURA, and give neare Frederick-Ru	utside corporate limits,	, write c	LENGTH OF STAY					ate limits, write		ve nearest tov	vn}
				50 Years				ick-kw	ral RD#7	<u> </u>		
	J. NAME OF HOSPITAL VELLOW Spri	(If nat in hospital, giv NGS	re street add	iress)		d. STREET A		Spring	g s		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	First ADA		Middle CORA		LINTO		4. DATE OF DEATH		onth bruary	Day 19,	Year 19 60
	5. SEX 6	COLOR OR RACE	7- MARRIED	KNEVER MARRIE	D 🔲	B. DATE OF BIRTH		5	AGE (In years	IF UNDER 1	YEAR IF UNE	
	Female		NIDOWED	mad .		23 June			last birthday) yrs	Months E	Agys Hours	Min,
1	10a USUAL OCCUPATION during mast of working HOUSE-WOY	(Give kind of work do life, even if retired) K	one 10b. KIN	t Home	RINDUS	TRY 11. BIRTHPL Mye1	ACE (State	or foreign cou le, Mai	ryland		EN OF WHAT	COUNTRY?
I	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Isaac Gil	.bert				Cather	rine 1	Wiles				
	15. WAS DECEASED EVER IN	N U. S. ARMED FORC		CIAL SECURITY NO.		IFORMANT		,		dress	_ `	
	(Yes, no, or unknown) (If y		N	one	Cł	arles F.	. Lin	ton (S	Same as	item #	1)	
		WAS CAUSED BY. MEDIATE CAUSE (o) DUE TO which blediate	Cen	Serili	ty	ulan c	îceie	dent			INTERVAL E ONSET AN 5 ye	D DEATH
	PART I. OTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERMI	NA., DISEASE	CONDITION G	IVEN IN PART		ORMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	Ob. DESCRIE	BE HOW INJURY OF	CURRE). (Enter nature of	Finjury in I	Port I ar Part	It of item 18)			
	20c. TIME OF INJURY Hour a, m, p, m.	Month, Day, Year 19	While _	RY OCCURRED Not while of work	20e. PL/ foc	CE OF INJURY (I tory, street, office	Home, form bldg., etc.	20f. (City	or town)	{C<	ounty)	(State)
	21. I certify that olive on	a market	deceased , 1966	from Jan, ond that	deoth	, 19.57 occurred at _{M.D.} 220 1	4:30		he couses o		dote state	ed obove. ATE SIGNED
	PHYSICIAN'S ROX	R. Martin	1, M.	D.		Frede	erick	, Md.			wa	The Section Co.
	220 BURIAL, CREMATION, REMOVAL (Specify) BULLIAL	22b DATE THEREOF 2-23-60	-	2c. name of ceme Brook Hil					ON (City, town,			ote)
	23. FUNERAL DIRECTOR'S S M. R. Etchi		Fred	address erick, Ma	ryla	ınd	240. REC'	B 2 4 '60	RAR 24b. REG	SISTRAR'S SIG	NATURE	

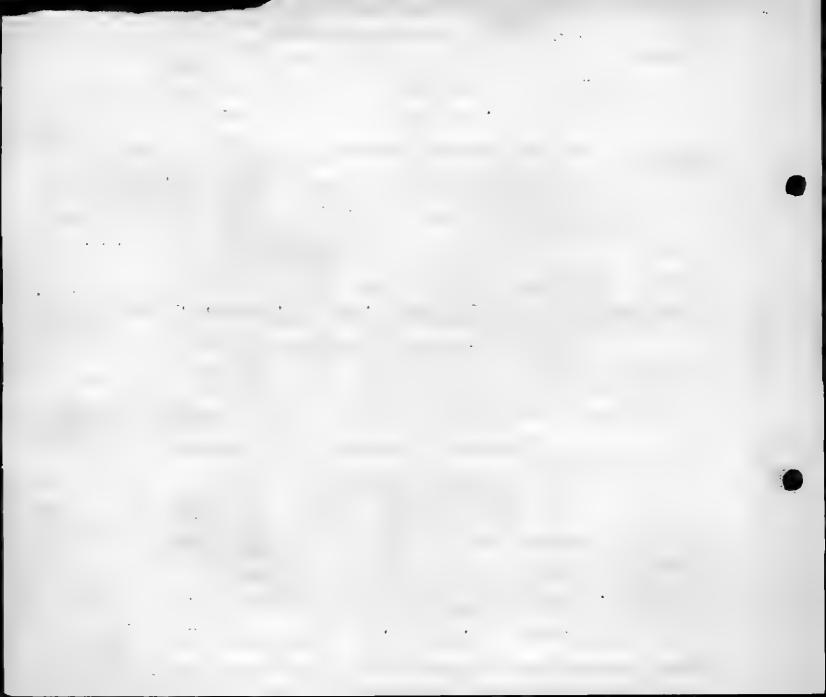


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, TO

Page

HOSPITAL

may



With

and campletely filled in by the funeral directar, bon papers. Tages 1 and 2 shauld be filed with

please remave carbon pap within 72 Maurs after death carban physician

remaval,

0

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

attending p

24 hours ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

010

		J	984	CERTIF	ICA	ATE OF DEATH	1		Reg. Di	st. No.	(11)	3 4 3
1.	PLACE OF DEATH	derick		MARYL	AND	2. USUAL RESIDENCE (Who of STATE Maryla		d lived. If institution b. COUNTY				sion)
	b. CITY OR TOWN (IF RURAL and give no Brunswick	outside corporate lim orest Iown)	its, write	c. LENGTH OF STAY IN 1 Year	ч 16	c. CITY OR TOWN (If o	,	orate limits, write R	URAL and	give nea	irest towr	1)
	or institut on 710 Park	AL (If not in hospital, of Avenue	give street (address)		/d STREET ADDRESS 312 We	st Sc	outh Stree	et			IDENCE FARM?
3	NAME OF DECEASED (Type or print)	CLAUE		Middle WILLIAM	ĺ	McGAHA	4. DATE OF DEATH	Mon Fe	^h oruar	y 1		Year 1960
	sex Male	6 COLOR OR RACE White	7 MARR	D NEVER MARRIED DIVORCED		18 Feb 1883		9. AGE (In years lost bighday) (O yrs	Months	Doys	Hours	R 24 HRS Min,
10c	USUAL OCCUPATION during most of work	N (Give kind of working life, even if retired Lerk (Reti	red)	Railroad	INDUS	Virginia	or foreign o	country)		USA	WHATC	OUNTRY?
13.	FATHER'S NAME Unknown					14. MOTHER'S MAIDEN N		IA.				
	WAS DECEASED EVER	IN U. S. ARMED FOR It yes, give wor or dates of s	Anneal	50CIAL SECURITY NO 15-10-4189		nformant astin W. McGab	na (S	Addi		2)		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c) <u>C</u>	e for (o), (b), and (c).j erebraT he rterioscle							RVAL BE	
	gave rise to in couse (a), stoting t lying couse lost.	nmediote ()		11.							
CERTIFICATION	PART II. OTH	er significant con	D TIONS_C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PAR	RT 1(o) 15	PERFO	AUTOPSY RMED? NO 🏋
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESC	RIBE HOW INJURY OCC	URREI). (Enter noture of injury in P	ort Lor Pa	rt (I of item 1B.)				
MEDICAL	20c TIME OF INJURY Hour o.m. p. m.	Manth, Doy, Ye	While	IJURY OCCURRED 2 Not white of work		ACE OF INJURY (Home, form, lory, street, office bldg., etc.		y or town)	{	(County)		(Stote)
	21. I certify the alive an Feb		19	ond that o	leath		M, fram ADDRESS (S	1, 19 6; the causes an	d an th		stated DA1	abave E SIGNED
22-	PHYSICIAN'S C				-0		201 100	TRONI (Ch. 4		- 40		
220	BURIAL, CREMATION PEMOVAL (Specify)	2-13-60	, r	Union Cen				TION (City, town, ttsville,		inis	(Stot	ie)

24a. REC'D BY REGISTRAR

DATE FEB 1 5 '60

24b. REGISTRAR'S SIGNATURE

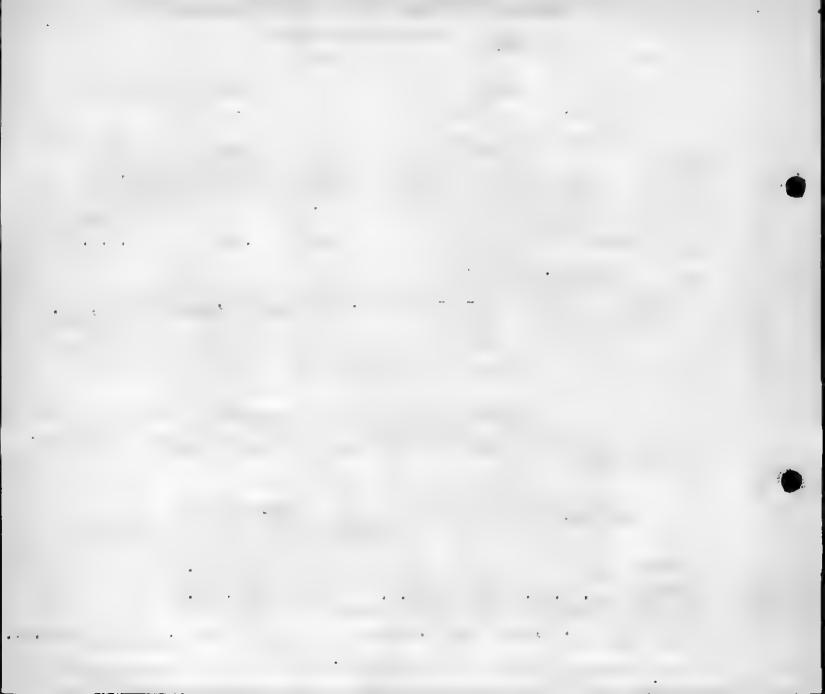
arthur S. Have

requires that the death certificate be executed arending physician. ertificate has been signed by as the burial-transit permit. may be retained by the haspital or arrending TO FUNERAL DIRECTOR: After this certificate page 3 should be detached far use as the but the registrar print to the but the but the registrar print to the but the b

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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-U	-K.	y	8	1

1971 CERTIFICATE OF DEATH

7087		Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
O. COUNTY FRIEDERICK	MARYLAND	a. STATE MADILIDALA B. COUNTY KAKDISDICK
b. CITY OR TOWN (If outside carporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)
RURAL and give nearest town)	3 Days	
d. NAME OF HOSPITAL (If not in hospital, give street of		X FREDERICK ROUTE 6
OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
I-KEDERICK MEMORIAL	HOSPITAL	Quinn Road YES NO 🗓
J NAME OF First DECEASED	Middle	Last 4. DATE Month Day Year
(Type or print) Amu	() iola	MILLIER DEATH FEBRUARY 1 1960
	IED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Man
FEMALE WILLITE WIDOWE		1-17-1889 last birthday) Months Days Hours Min
10a USUAL OCCUPATION (Give kind at work dane 10b.	- CD	
during post of working life, even if retired) HOUSE-WOLK	At Home	The distributed (stole of intelligence of the stole of th
	At nome	MARYLAND U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
EALEX ARI	nstrong	LULA JAMES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17 II	NFORMANT Address
No	None Mr	rs. Helen Hopkins, Aberdeen, Maryland
18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0 -	ONSET AND DEATH
IMMEDIATE CAUSE (a)	2melle	menon son son son
OUE TO	1. 11-	(Known 3 days)
Conditions, if any, which) (b)	ymphilic.	leukenna (only a unknown
gave rise to immediate cosse (a), stating the under-	27	
lying cause last.	Menoseline	The beaut disease zyears
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C	· · · · · · · · · · · · · · · · · · ·	PERFORMED?
	TRIBE HOW INJURY OCCUPRE	D. (Enter nature of injury in Part I or Part II of item 18.)
200 ACCIDENT WAS UNDERLYING 200. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	more than the second	s. fruit untare & wheth we can rea were used as he was
20c, TIME OF INJURY Manth, Day, Year 20d, IN Hour o. m. While at work	VJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
p. m. 19 at work		
21. I certify that I attended the decease	ed from 2 - 2 -	, 1966, ta FEBRUARU , 19/aU that I last saw the deceased
alive an 1-3/- 19/		accurred at A: LLAM, from the causes and on the date stated above.
dive dil	St.,, and mar deam	
ACTUAL A 2 222-	7	
SIGNATURE	run	M.D. 220 N N [AR Ma] 1 Feb 1900
PHYSICIAN'S REXRM	ARTIN	Frederick, Md
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Specify) 2-4-60	St. Paul's C	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	
M. R. Etchison & Son, Fr		and DATE 240. RECIDENT REGISTRAR 240. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death. Page 4 may be retained by the haspital controlling physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remain papers. Roges 1 and 2 should be filled with the registrar prior to burial, cremation, ar remainly and in any ment within 72 hours after death. VS A15 (4) 1SM 9/S5

F 3

,	1972 CERTIFICATE OF DEATH										Reg. Dist. No.				
	1 PLACE OF DEATH o. COUNTY Frederick MARYLAND							UAL RESIDENCE (W STATE Maryl		ved If insti b. COUN	JTY _	deric			
		Frederic	k		Days	F STAY IN 1b	7.	CITY OR TOWN (IF	outside corporet			give neares	fown)		
7		OR INSTITUTION	Memorial		_		1	Edgewoo	d			(S RESIDENCE ON A FARM? ES NO		
*	DI	AME OF ECEASED ype or print)		fusi ARCHII	E J(Middle OHNSON		Lost MTTCHELL	4. DATE OF DEATH	_	Month bruary	27,	Year 19 60		
	5. SE	x [ale	6 COLOR OR RAC	E 7 MARI WIDOW	RIED 🔲 NEVER	MARRIED		e of Birth urch 11, 1		AGE (In yellost birthdo	yrs IF UNDER	\rightarrow	UNDER 24 HRS ours Min		
	R	during most of wo	ION (Give kind of wor orking life, even if relin	ed)	KIND OF BUSI ruck Fat			Boonsbor	o, Mary			JSA	HAT COUNTRY?		
	13 F	ATHER'S NAME Job	m Mitchell				14.	MOTHER'S MAIDEN Unkno							
	[Yes, 1	VAS DECEASED EV	ER IN U. S ARMED FO	of service)	social secur None		· Ro	y W. Mitc	hell- S		Address 3 Item ;	#2			
		Conditions, if gove rise to couse (o), stotin lying couse los	immediate (DUE	(b) (b) (c) (c)	CONTRIBUTING			ELATED TO THE TEPA	ALNAI DISPASE C	CONDITION	GIVEN IN PAP	Mu	AND DEATH		
0	CERTIFICATION	20a ACCI DENT V	VAS UNDERLYING DIG CAUSE OF DEAT	20b. DES				er noture of injury in				- f	PERFORMED?		
	a	Pour o. m	JRY Month, Doy,	Year 20d I While				INJURY (Home, for reet, office bldg., et		town)	(0	County)	(State		
21. I certify that I attended the deceased fram 2/24, 1960, ta 2/27, 1960 that I last alive on 2/27, 1960, and that death accurred at 8:40PM, fram the causes and an the deceased fram ADDRESS (Street, city or town, state) ACTUAL SIGNATURE AMED. Thomas, M.D. Professional Building PHYSICIAN'S James B. Thomas, M.D. Frederick, Maryland									e date st						
	220	BURIAL, CREMAT REMOVAL (Specif ITIAL	ON, 22b. DATE THER	EOF	22c. NAME (of CEMETERY O			22d. LOCATIO	N (City, tov	vn. or county)	Mary	(Stote) Land		
		UNERAL DIRECTO	R'S SIGNATURE	. Fre	ADDRESS derick.	_	ınd	240. REC	TO BY REGISTRA	R 24b. R	EGISTRAR'S SIC	SMATURE Trans			

5 CO HOSPITAL OR ATTENDING PH. An: The law requires that the death certificate be executed when 24 haurs after death. Page 4 may be relained by the haspital or arrending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 SUBSMEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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4.1	-	8.7	-	4.7

FOR	\$1	ATE	
HEALT	H	DEP1	ľ,

N

TO DEPUTY MEDICAL EXAMINER : certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the conditional penaltian item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in approach within 72 hours after death.

VS ELISME 5M 2/57

	2002MI	DICA	L EVAMINI	ER 3	CERTIFI	CATE	OF DI	MIN	Reg.	Dist. No).	
1. PLACE OF DEATH o. COUNTY Fre	derick		MARY	LAND	2. USUAL RESIDE	NCE (When		ed. If instate 6 COUNT				ission)
Point of	(It putside corporate limits, wri Rocks	e futAL	50 Years	IN 16	CITY OR TO		of Rock		RURAL o	nd give n	earest la	own)
d NAME OF HOSP	ITAL OR INSTITUTION	If nat in hos	pilal, give street address)	d. STREET ADD	PRESS						A FARMA
3. NAME OF DECEASED (Type or print)	HORA	CE	Middle ALBERT		MOHLER	1	DATE OF DEATH	Manii Fel	bruar	y 19		Year 19 60
s. sex Male	White	WIDOWE			OATE OF BIRTH		los	GE (in years i birithday) O yrs.	IF UNDE Months	R TYEAR	IF UND	Min
Retired-Ni	ION (Give kind of work ing life, even if refired) gnt Watching	done 10b. K	ind of Business or I			Virg		7)		TIZEN O	F WHAT	COUNTR
	H. Mohler,				Nellie							
15. WAS DECEASED E	VER IN U. S. ARMED FC				Raymond I	Mohle	r, RD#1	Address Kno	xvill	e, M	d.	
	ediole couse	C(for (c), (b), cod (c) } DRONARY OCCI	LUSI	ON					ONSE	inut	ATIF
	THER SIGNIFICANT CON	DITIONS CO	NIRIBUTING TO DEATH	BUT NO	T RELATED TO TH	E TERMINA	DISEASE CON	IDITION GIV	EN IN PA		P. WAS PERFO	AUTOPSY ORMED?
	AUSE WAS DISTRIBUTING D	b DESCRIBE	HOW INJURY OCCUR	RED (Enl	er nature of injury	in Fart I o	r Part II of ite	m 18.j				
70c, TIME OF INJ		White	NJURY OCCURRED 20 rk at wark	factor)	OF INJURY (Home, street, office bld	e, farm, i g., etc.)	20f. (City or Ia	wn)	{C	ounly)		(State)
	that I taok charge n resulted from.						, Inspe micide,	ctian 🔏, Undete		manne		d in my
ACTUAL SIGNATURE	Bloho	yra	24		M.D. CHIEF MEDI						DATE S	IGNED
researce (17 pe)	B. O. Thoma				DEPUTY ME	DICAL EXA	- College			22 F	eb l	960
Burial CREMATI	ON. 226 DATE THEREO)F	St. Paul's				Point o				end	e)
23. FUNERAL DIRECTO	r's signature chison & So	n, Fre	ederick, Man	rylar			REGISTRAN	24b. REGIS		GNATUR		·

4 hours after death. Page 4

AN: The law requires that the death certificate be executed will

may be retained by the haspital art. Ading physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please many corporagens. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

		10	(-) CERTIFIC	AIL OF	DEAIL	1		Reg. Dis	t. No.	
	1. PLACE OF DEATH			2 USUAL RES	IDENCE (Wh	ere deceased	lived. If institution	an Residenc	e befare adn	nission)
4		ederick	MARYLAND	o. STATE	Maryla	nd	b. COUNTY	Fred	erick	
	b. CITY OR TOWN (II RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OF	TOWN (If o	ulside corpor	ate limits, write R	URAL ond g	ive nearest la	own)
	Frede		Lifetime	11/	Freder	ick				
	OR INSTITUTION	AL (If not in hospital, give stre		d. STREET	ADDRESS				e. IS I	RESIDENCE
	Frade	rick Memorial	Hospital		30 Wes	t Chur	ch Stree	t		□ ио 🖸
	3. NAME OF DECEASED	First	Middle	L	lac	4. DATE OF	Man	lh	Day	Year
	(Type or print)	William		ddicord		DEATH	Febru	ary	24	19 60
	5. SEX		ARRIED NEVER MARRIED	8. DATE OF BIR	TH		9 AGE (In years lost birthdoy)		YEAR IF UN	
	Male		WED DIVORCED	1-23-1	/		5≥ yrs	Monins	Days Hou	rs Min.
-	 USUAL OCCUPATION during most of work 	N (Give kind of work done 10 ing life, even if retired)	Ob. KIND OF BUSINESS OR IND	USTRY 11. BIRTH	PLACE (Slote	or foreign co	untry)	12 -€(1)	ZEN OF WH	AT COUNTRY
	Shipping		Fibre Brush Co	• Mar	yland			7	U.S.A.	
	13. FATHER'S NAME			14. MOTHER	S MAIDEN N	IAME				
	William	Luther Peddic	cord	Ma	ry Ell	en Wol	fe			
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT			Addr			Land
	No		214-10-2992 1	rs. Clor	a Pedd	icord-	422 N. B	entz	StFr	ederic
		TH [Enter anly ane couse per		15	00				INTERVAL ONSET AN	BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	mystrophyici	duterul	ese O	1220			to me	
	756	OUE TO	U							
	Conditions, if or									
	gave rise to in	mmediate (<u></u>			
	lying cause lost.	(c)								
	PART II. OTH	IER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	JT NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
										NO D
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in f	ort 1 or Port	Il of item 18.)			
		MEDICAL EXAMINER								
	20c, TIME OF INJURY			PLACE OF INJURY factory, street, offi	(Home, form	20f. (City	or lown)	(C	ounly)	(Stole)
	p. m.	19 Wh	ite Not while vork ot wark	,,,	ou wrong ; orc.					
	21. I certify th	at I attended the dece	ased from 1/31	, 19 /2	O, ta	2/2	1 19_Ce 1) that I le	ast saw th	e deceased
	alive an	2/2/1	(a) and that dear			eM. from	the couses o	nd an th	e date sta	stad abave
		7'					eet, city or town,		C GOIC SIC	DATE SIGNED
	ACTUAL SIGNATURE	The burne C.	1 agnotel.	мъ	9 E	ast Ch	urch Str	eet		
	/		/	_ 171.5						
	PHYSICIAN'S NAME (Type)	r. Richard C.	Reynolds		Fre	derick	- Maryl	and		
	22a. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ION (City, town, o	r county)	(5)	lole)
	REMOVAL (Specify) Purial	2-27:-1960	Mt. Olivet	Cemeterv			derick		vland	,
	23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS	-	240. REC'L	BY REGISTE	AR 24b. REGIS	TRAR'S SIG	NATURE	
	By E J. 7	meral Home	Frederick- Mar	yLand	DATE	FD Z 9	00	viloung 2	, Firmita	



VS A15 (4) 15M 10/57

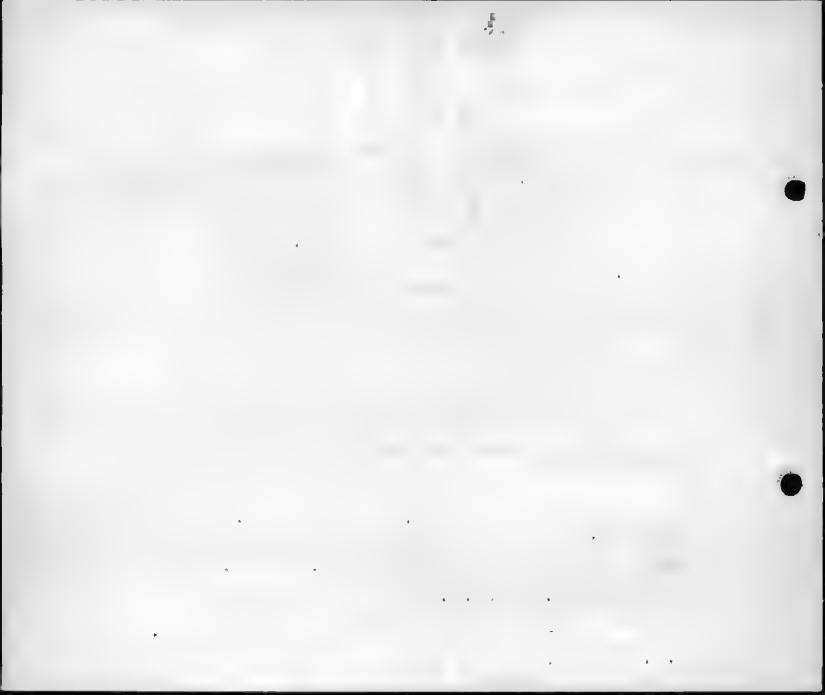
ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18

1974 CERTIFICATE OF DEATH

N

Reg. Dist. No.

1	PLACE OF DEATH COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (W	here deceased lived. If	institution Residence	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	Since 1-17-49	c city or town (if a Taneyt	outside corporate limits,	write RURAL and gr	ve nearest town)
,	d. NAME OF HOSPITAL (If not in hospital, give street Maryland Odd Fellows Hom	address)	d STREET ADDRESS			e IS RESIDENCE ON A FARM? YES NO
3	(Type or print) S.	WHITE	PLANK	4. DATE OF DEATH	Month February	Day Year 25, 1960
	Male White WIDOW	/ED DIVORCED	23 Feb 1876	9. AGE (In Sur birt 84	years IF UNDER I hday) Months C	YEAR IF UNDER 24 HRS Days Hours Min
	0a. USUAL OCCUPATION (Give kind of work done 10b), during most of working life, even if retired) Retired Sulf employed	KIND OF BUSINESS OR INDUS Merchant	Penna.	or foreign country)	12 CITIZ US	EN OF WHAT COUNTRY
	James S. Plank		Agnes Spa			
1	(Yes, pg. or unknown) (If yes, give wor or dates of service)		viormant cryland Odd Fo	ellows Home	Address Records	
	PART I DEATH (Enter only one cause per I PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOS DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under	ne for (a) (b) and (c).] rteriosclerosis	3			INTERVAL BETWEEN ONSET AND DEATH Years
)	PART II OTHER SIGNIFICANT CONDITIONS PART II OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
145010.41	Hour a m. While		ACE OF INJURY (Home, form lory, street, office bldg, atc	20f. (City or town)	(Co	unly) (State)
	21. I certify that I attended the decear alive an Feb. 25, 19 ACTUAL SIGNATURE PHYSICIAN'S William M. Smith	60 , and that death	6 4 E. Chu	Feb. 25 2AM, from the con ADDRESS (Street, city of rch St.	uses and an the	ist saw the deceased date stated above DATE SIGNED 27 Feb 1960
2	20. BURIAL, CREMATION, 226. DATE THEREOF 2-28-60	22c NAME OF CEMETERY OF Lutheran Cem	R CREMATORY	22d LOCATION (City, Fairfield		(State)
2.	C. O. Fuse & Son, Taney	ADDRESS		D BY REGISTRAR 24b	REGISTRAR'S SIGN	



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2903 **CERTIFICATE OF DEATH**

01988

			Reg. DIST. No.
PLACE OF DEATH O. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institute a. STATE Maryland b COUNTY)	
b. CITY OR TOWN (If autside corporate limits, wri RURAL and give nearest town) Thurmont rural	tie c LENGTH OF STAY IN 16 Lifetime	c CITY OR TOWN (If outside corporate limits, wri	_
d. NAME OF HOSPITAL (If not in haspital, give strong institution Own Heme	reel address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) John W)	Middle M. Portnor	05	Month Day Year bruzry 23 1960
	MARRIED NEVER MARRIED DIVORCED DIVORCED	Nov. 11, 1877	ars IF UNDER 1YEAR IF UNDER 24 HRS And IF UNDER 24
10a. USUAL OCCUPATION (Give kind of wark done during most af working life, even if retired) Laborer	Timberman	TRY 11 BIRTHPLACE (State or foreign country) Mar yland	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jehn Pertner		Sarah Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give wor or dates of service)			tz, Md.
PART I DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Generalized	artriosclerosis	Skase ONSET AND DEATH
CATIO		NOT RELATED TO THETERMINAL DISEASE CONDITION (Enter nature of injury in Part I or Part II of item IB	PERFORMED? YES NO E
20c. TIME OF INJURY Manth, Day, Year 20		CCE OF INJURY (Hame, farm, 20f. (City ar town) tory, street, affice bldg., etc.)	(County) (State)
21. I certify that I oftended the decolive on Fig. 20, 1 ACTUAL SIGNATURE PHYSICIAN'S M. Franklin	960, and that death	occurred at 10 f. M. from the couses ADDRESS (Street, city or to M.D. Hurmont, Md.	and on the date stated above.
220 BURIAL, CREMATION, 226. DATE THEREOF 2-26-50	22c. NAME OF CEMETERY OF United Bret	crematory Com. 22d LOCATION (City, low	on, or county) (State) Maryland
23 FUNERAL DIRECTOR'S SIGNATURE LLAGA	ADDRESS Thurmont, Mo		EGISTRAR'S SIGNATURE CINTLAN S. KLAUER

7)

TO HOSPITAL OR ATTENDING PH.

Adding physician.

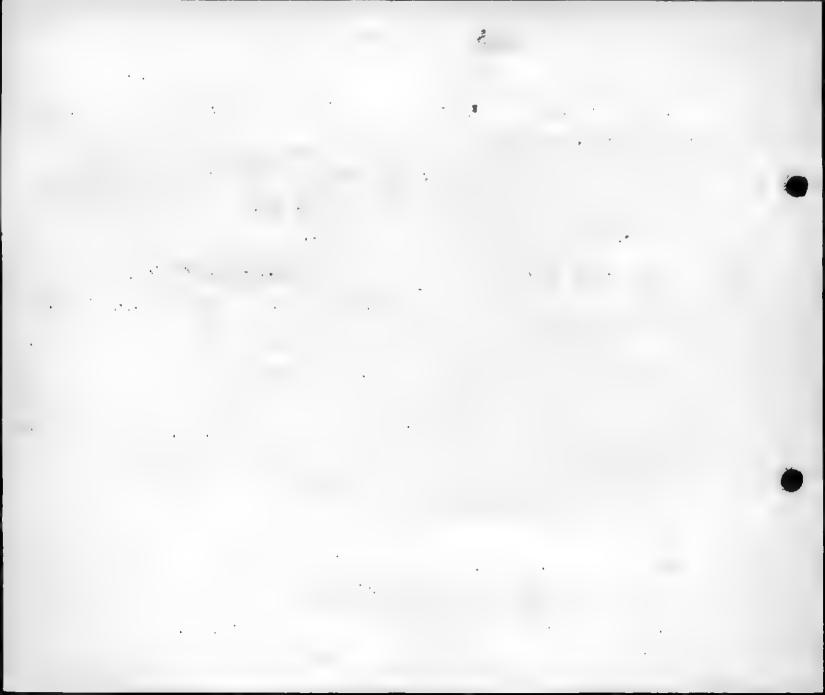
TO FORTH OR ATTENDING PH.

Adding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remaxe corbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cramation, or remayal, and in any event within 72 haves are deaply.

VS A15 (4) 1SM 9/SB

		SAA	Z CERTIFICA	ATE OF DEA	AIH			Reg. D	ist. No.		
1, PLACE OF DEATH d. COUNTY Fredel	rick		MARYLAND	2. USUAL RESIDENCE STATE Maryland	,		If institution	n Reside		re admiss	sion)
b. CITY OR TOWN (IF RURAL and give net Braddock F	arest town)	its, write	13 davs	c. CITY OR TOW	N (If autside of burg -			JRAL and	give neo	PIIR	n) A L
d NAME OF HOSPITA OF INSTITUTION Vindobona Co	AL /If not up haspital a	jive street		d STREET ADDR		411101	0	6X	- 2		SIDENCE FARM?
3 NAME OF DECEASED	Fi	rst	Middle	Lost	4 DA	ATE	Ман	th	Da		Year
(Type or print)	John		WALLIAM	Rentzel	DE		bruar	y 18			19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED 🕅 NEVER MARRIED 🔲	B. DATE OF BIRTH	1883	3 9. AGE	(In years	IF UNDE Months		Haurs	ER 24 HRS
Male	White	WIDOW	ED DIVORCED	April 20,	1000	7	birthday) O yrs	MONTE	Days	Haurs	Min,
JSUAL OCCUPATION during most of works Rail-road	N (Give kind of working life, even if retired retired	done 10b	KIND OF BUSINESS OR INDU	STRY II. BIRTHPLACE Maryla		ign country)			TIZEN OF eric	F WHATC	OUNTRY
13 FATHER'S NAME		<u> </u>		14 MOTHER'S MAI				2.3300	- A III ()	-	
CBEDI	AH REN	TZE	1	49	werma-	0erber	MAR	YH	AHI	N	
15 WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.		INFORMANT			Addr	ess	11/11		MIN
{Yes, no, or unknown} {I	f yes, give war or deles of :	ervice) 7	15-10-6719 DI	VANNA GR	ENTTE	1111	INN F	RII	205	RI	RAL
IR. CAUSE OF DEAT	TH (Enter only one or	use per li	ne for (a), (b), and (c).]	777777 4 71	-1.1041	4:11	V// A	1110	INT	ERVAL BE	TWEEN
PART I. DEAT	H WAS CAUSED BY:		/	100 11	7 .				ONS	SET AND	DEATH
11.0	IMMEDIATE CAUSE (Carr	, our we	5740					21/10	~CFuz.
1600	DUE TO	n	1 /		1 . 1				1	1/1	
Canditions, if an	mediate	,	in chart	*1ru	C. Cel 1	vin a	There			-3	leve
couse (a), stating to lying cause last.			< 0	_	W 1						
PART II OTHI	R SIGNIFICANT CON	DITIONS_	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL D	SEASE CONE	ITION GIV	EN IN PA	RT_1(a) 1	9 WAS	AUTOPSY DRMED?
3	and	Triv	selevotie	Meur	()	Daze	aze				NO 🔃
PART II OTHI	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of inju	ury in Part La	r Part II af it	em 18)				
20c. TIME OF INJURY Hour a. m.	Manth, Day, Ye		-3	ACE OF INJURY (Hami	e, farm, 20f.	(City or tow	n)		(County)		(State
₹ p. m.	19	While of wor	k at work	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9,, 0,0,7						
21. I certify the	at I attended the	deceas	ed fram 2 - 6	1960, to	Fel	-18	19 6	that I I	ast say	w the d	lecense
alive on	Feb 18			accurred at 🛝	°4M, fr	om the co	ouses an	d an th		e stated	
ACTUAL SIGNATURE 2	horna	{	Stone	M.D. 4Wer		SS (Street, cit	AT 1	Living.	Grei	4 2	/4
PHYSICIAN'S NAME (Type)	Thom	45	E. STO	NE							
22a. BURIAL, CREMATION	, 22b. DATE THEREO)F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. L	OCATION (C	ity, town, c	or county)		(Stat	te)
REMOVAL (Specify)	2/21/60	,	HAUGHS		18	EDER.	ICK	Co)	1	no
23 FUNERAL DIRECTOR'S	SIGNATURE	. , ,	ADDRESS	12 / 240	. REC'D BY R	EGISTRAR	24b. REGIS	TRAR'S S	IGNATU	RE	
LA Hartil	iry done	Ila	woll Bridge	Med DA	TE FEB 2	3 '60	0	Alun	94	-11.6	



15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARMY YES ANO 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO F (County) (State) 7 , 1960, that I last saw the deceased

(State)



Waymans A. F. E.

ADDRESS

Frederick. Md.

Mt.Fleasent Fred.

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24a, REC'D BY REGISTRAR

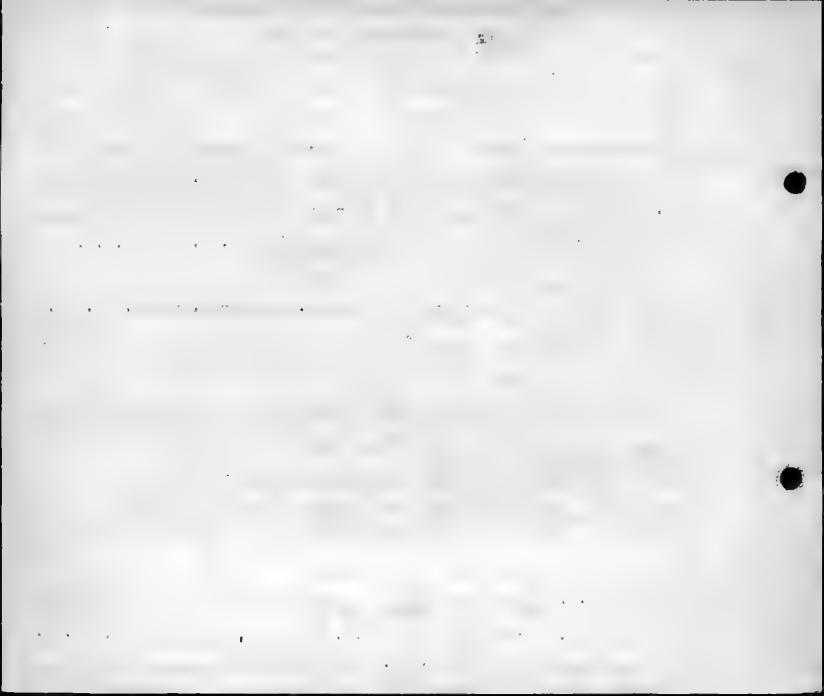
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TO HOSPITAL moy be refoi 50 519 TO FUNERAL D

Burtal

23. FUNERAL DIRECTOR'S SIGNATURE

Hicks 111



MARALA

Year

1960

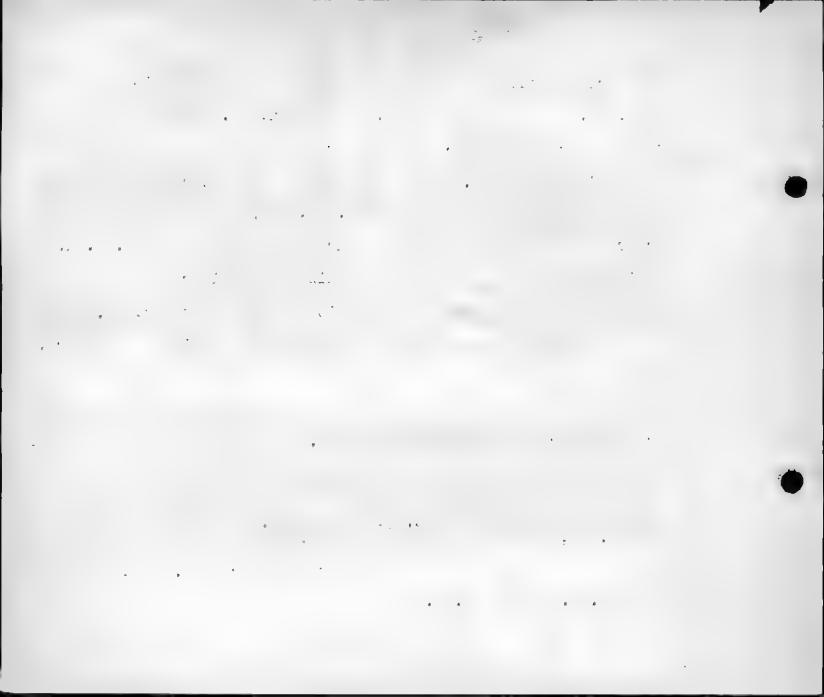
(State)

DATE SIGNED

Cathur S. Thouse

DATE FEB 1 8 '60

VS A15 (4) 15M 10/57



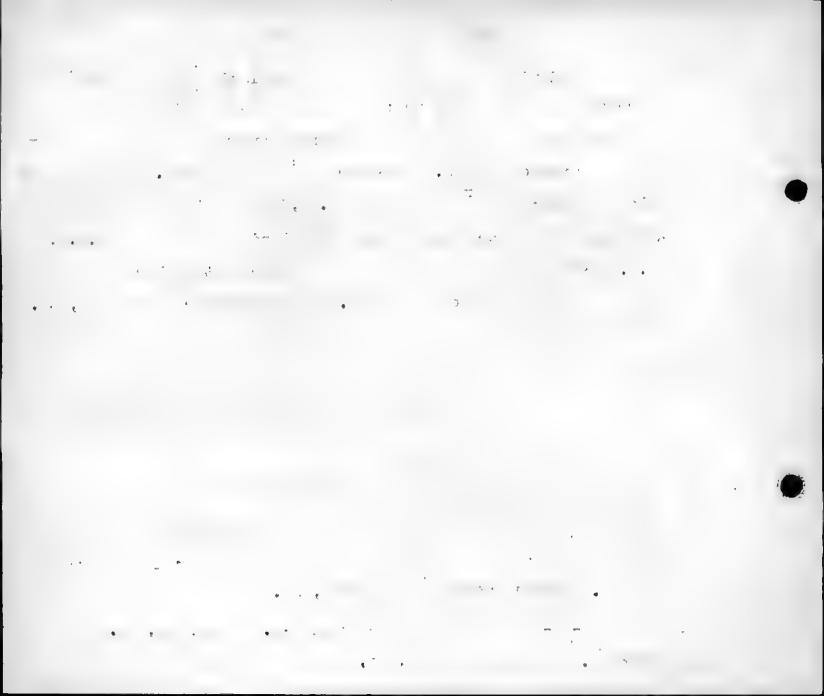
VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1987 **CERTIFICATE OF DEATH** 01991

Rea. Dist. No

-								
)[]	PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W		If institution- f b. COUNTY	Frede	
	b. CITY OR TOWN (If a RURAL and alve near I NUT MO	utside corporote limits, write est town)	50 yrs;	c. CITY OR TOWN (IF	outside corporate li	mits, write RURA	L ond give ned	arest town)
	OR INSTITUTION	(If not in hospital, give street n Heme	et address)	d. street address Altamont	Avenue			e IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Graysen	R. Middle Sha	ffer	4. DATE OF DEATH	Feb.	26 Da	Year 19 60
5.	male 6	and the state of t	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	1879 1879		onths Days	Hours Min.
L	Proptiet	(Give kind of work done life, even if retired)	o. KIND OF BUSINESS OR INDI Ory Good Stor	· ·				S.A,
13	W.L. S	haffan		14. MOTHER'S MAIDEN		Danha		
15	. WAS DECEASED EVER II	N U. S. ARMED FORCES? 11	S. SOCIAL SECURITY NO.	INFORMANT	Margaret	Address	Ţ¢	
6	Yes, no, or unknown)	yes, give war or dates of service)	None	Mrs. Grays	on Shaff	er T	hurmon	nt, Ma.
	PART I. DEATH 1A 4-20. Conditions, if any, gave rise to imm	nediote (tine for (o), (b), and (c).]	clusion cardiovas	cular a	lisease	INTI ONS	ERVAL BETWEEN SET AND DEATH 2 min.
CATION	cause (o), stoting the lying couse fost. PART II. OTHER	(c) (c)	CHICOSCLEVE CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINALOISEASE COM	NDITION GIVEN	IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
CEPT.EI	20g. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port or Port of	item 18)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil	t t	LACE OF INJURY (Home, for octory, street, office bldg., e		wn)	(Counly)	(State
	21. I certify that alive an Actual SIGNATURE PHYSICIAN'S MAME (Type)	Tranklin	Bull	m.D. Thur urmont, Md	M, from the ADDRESS (Street,	causes and c	in the date	the deceased stated above DATE SIGNED
2,	20 BURIAL, CREMATION,		22c. NAME OF CEMETERY		22d. LOCATION	(City, town, or co	ounty)	(Stote)
-	Burial	2-29-60	United B			rmont,		D.F.
0	Reymone	1. 11. 11.		d. DATMA	R 2 '60	24b. REGISTRA	S. Trave	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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or removol.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 197 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

01993

1. PLACE OF DEATH		2. USUAL RESIDENCE (V	there deceased lived. If Institu	tion: Residence before admission)
Frederick	MARYLAND	a STATE Pa	b. COUNT	Υ
b. CITY OR TOWN [If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	· · · · · · · · · · · · · · · · · · ·		RURAL and give nearest town)
Frederick	2 days	York		/ × .
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENC
423 Middle Alley- City		35I Oal	klane Street	ON A FARM
3. NAME OF First	Middle	Lost	4. DATE Month	The second secon
(Type or print) Ida	Virginia :	Smith	DEATH Febura	69~
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 🔀 8.	DATE OF BIRTH	9. AGE (In years lost buthday)	IF UNDER TYEAR IF UNDER 24 HE
Female Colored wildow	VED DIVORCED	April 18,19	900 59 yn.	Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT
Domestic		Frederic	ck.Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Wilson Owens		Blanche 1	Welson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Freed	erick, Md
(Yes. no er unknown) Iff yes, give war or dates of service)	NONE Edi	na Thompson	1,423 Klineh	
18. CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Acute con	conary thro	ombisis	48 hour
DUE TO				
	cute Tracheo-	bronchits	3	4 days
gave rise to immediate couse				
(a), stating the underlying DUE 10				
Z PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	
PART II, OTHER SIGNIFICANT CONDITIONS				PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCI	IBE HOW INJURY OCCURRED. (E	nler nature of injury in Port	i or Part II of item 16.)	, <u></u>
206. DESCI				
3 20c. TIME OF INJURY Month, Day, Year 20c	I. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	, 20f. (City or town)	(Caunty) (State
	nile Not while facts work at work	ry, street, office bldg., etc.)	
21. I certify that I took charge of the		ve held on Autons	X, Inspection X,	Inquiry [X], and find the
deoth resulted from: Notural causes		ide 🔲, Homicide		
	Д, лескаски Д, эзи	, rollincide	Li, Oliderellillilled c	
ACTUAL 6 12		CHIEF MEDICAL EX	AMINER [7]	DATE SIGNED
SIGNATURE / //		_M.D. CHIEF MEDICAL EX		
EXAMINER'S B.O. Thomas	.M.D.	DEPUTY MEDICAL S	_	urary 8.1960
22g. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	
SREMOVAL (Specify) FPD 10 100	4	and the second	F1 0 / 3/11	Ir mid
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	J 240. REC'S	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE
C.E. HICKS	ed prich -/	1d DATE FE		other S. France



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24 haurs ofter death. Page 4

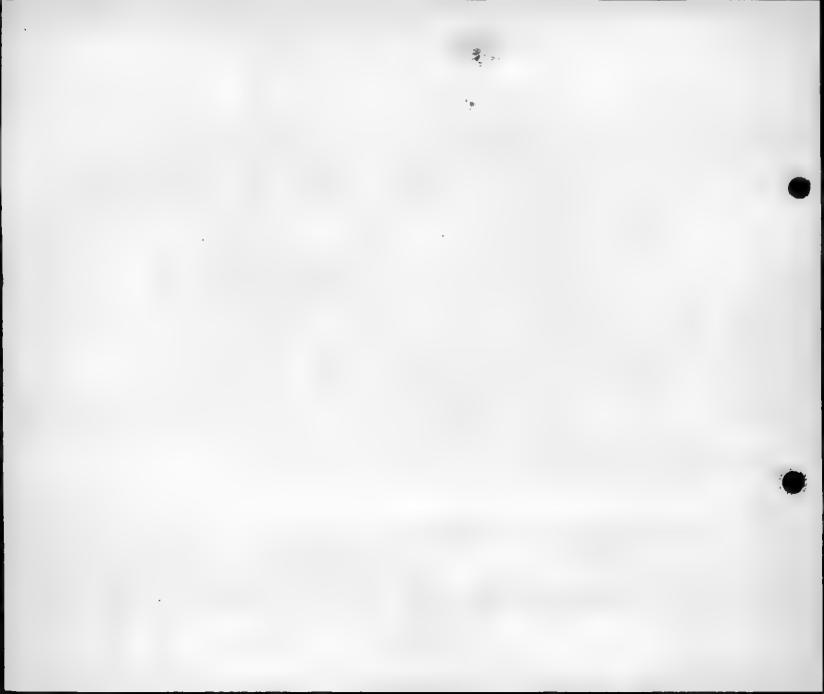
X

TO HOSPITAL OR ATTENDING PP. IAN: The lam requires that the death certificate sexecuted with 24 haurs ofter death. Page 4 may be retained by the hasp tall of the careful physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remayal, and in ony event, within 72 hadrs after death.

VR ATS (4) TSM 9/59

1,	PLACE OF DEATH o. COUNTY Frederick		MARYLAND	2. USUAL RESID a. STATE ME	ence (Where decease eryland	ed fived If institutio b. COUNTY	Fred		ion)			
	b. CITY OR TOWN (If autside corporate limit: RURAL and give nearest town)		H OF STAY IN 16	11	` .	parate umits, write RL	JRAL and give	neorest towr)			
	Rosemont		onths	35 Bru	35 Brunswick							
	d NAME OF HOSPITAL (If not in hospital, gi	ve street oddress)		d. STREET AL				e IS RES	PARM?			
	or institution Hartman Re	esidence		206	Seventh	Avenue			NO 💢			
3.	NAME OF DECEASED (Type or print) LOUISI	t	Middle TZABETH	SMITH	4. DATE OF DEAT	Mont H Februar			1eor 1960			
S.		7. MARRIED NE		B. DATE OF BIRTH		9 AGE (In years	IF UNDER 1 Y					
	Female White	WIDOWED 💢	DIVORCED 🗌	April 13	5, 1.873	9 AGE (In years Jost birthday) 80 yrs	Months Do	ys Hours	Min			
100	usual occupation (Give kind of work d during most of working life, even if retired) Nurse			ing Mt.		Md.	US.	A OF WHAT O	OUNTRY?			
13	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME							
	Dennis (Conlon		Brid	lget Cuni	ningham						
15	WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown] L (If yes, give wor or dates of se	ES? 16. SOCIAL SE	CURITY NO 17.	NFORMANT Ma	ce Virgi	nia Haft	man					
111	ns, no, or unknown] No None None	Non	e R	FD # 1,	Knoxvil	le, Mary	land					
	1B. CAUSE OF DEATH [Enter only one cou	use per line for (a),	(b), and (c).]					INTERVAL BE	TWEEN DEATH			
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmona	arv eder	na								
	443 × DUE TO											
	Conditions, if ony, which) (b)	Decomp	ensate o	oniesti	ve heart	failure	9					
	gove rise to immediate DUE TO				*****							
	lying couse lost. (c)	Hyperte	ension									
z	PART II. OTHER SIGNIFICANT CONE	DITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	SE CONDITION GIV	EN IN PART 1	(0) 19. WAS	AUTOPSY			
ΥŢ								YES [RMED?			
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOV	V INJURY OCCURRI	ED. (Enter nature of	injury in Port I or P	ort II of item 18.)						
	(IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		£.	LACE OF INJURY (Incident), street, office	lome, farm, 20f. (C	ity or town)	(Cou	nly)	(State)			
MED	p. m. 19	While Not of work Of work	WHITE _	,,,								
1	21 I certify that (I) (this haspital)	nttended the o	deceased from	May 4,	19 58, to	Feb. 22.	19 60	that (I) (wel lost			
	saw the deceased alive on $\mathbb{F}\theta$	22, 19	50 , and that	death accurred	5: 45P, from	n the causes an	d on the o	late stated	above			
	220 SIGNATURE	-						22	DATE SIGNED			
	1		22	M D PHYS	MED DIRECTOR	STAFF PHYS	2	27-	SIGNED			
	22c PHYSICIAN'S NAME (Type)			22d. ADDRE	ss 15 S.	Maryland	Ave.					
	C. T. Byron Kao.	M.D.				rick IId						
23	o. BURIAL, CREMATION, 23b DATE THEREO REMOVAL (Specify)	F 23c NA	ME OF CEMETERY	OR CREMATORY		ATION (City, town, o	or county)	(Sto	·			
	Burial 2/25/60	Mt.7	ion Lut	heran Co	emetery	Rohrers			yland			
24	FUNERAUTIRECTOR'S SIGNATURE	Hatop	Wast Fer		25a. REC'D BY REG		TRAR'S SIGN					
1	M KUMBER DEL	7	west va	•	DATE	-	- M. J	cented.				



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deoth. executed VS A15 (4) 15M 9/5S

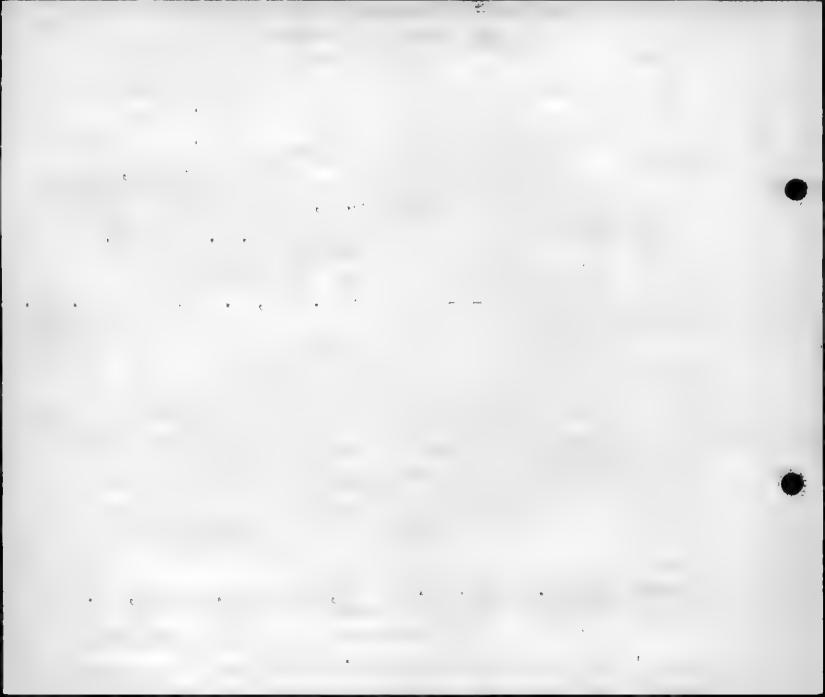


VS A15 (4) 1SM 9/5S 1978

CERTIFICATE OF DEATH

Reg. Dist. No.

a. COUNTY	FREHERICK		MARYLAN	[]	o. STATE	MARYL		b. COUNTY				1)
b. CITY OR TOWN	If autside carporate limits, acrest town!	write c. LENG1	H OF STAY IN 1		c. CITY OR I		ride corpor	ate limits, write R	URAL and g	ive neare	st fawn)	
OR INSTITUTION	TAL (If not in hospital, give FREDERICK ME		OSPITAL	,	d. STREET A		MARY:	LAND.			IS RESIDE	ARM?
3. NAME OF DECEASED (Type or print)	GEORGE		Middle /IRR		NE los	1	4. DATE OF DEATH	Februa		Day	Yea 19	60
s. sex		VIDOWED 🔼	DIVORCED [00	ate of Birth	, 187	3.	9. AGE (In years lost bisthday) OO, yrs	IF UNDER Manths		Hours	24 HRS. Min.
Farmer	ON (Give kind of work do king life, even if retired) (Retired		Fred	ierick	Co. 1			ZEN OF	WHAT CO	DUNTRY?		
13. FATHER'S NAME	Elias Tayl			1	4. MOTHER'S			achter				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	16. SOCIAL SE 2111-28			rmant orge E	. Stin	e, Jr	Add 518,		ry R	d. F	red.
PART 1. DE	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	e per line for (o).	(b), and (c).]	رير	mbeli	2 000				ONSET	AND DE	EATH
Canditians, if a	Canditions, if any, which gave rise to immediate cause (a), stating the under OUE TO									<i>3</i>	440	in a
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUT	TING TO DEATH I	BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	'EN IN PART		WAS AUTPERFORM	ED?
	MEDICAL EXAMINER)	06. DESCRIBE HOV	Y INJURY OCCUI	RED. (E	nter nature a	f injury in Po	ort I ar Port	II of item 18.)				
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Year 19	20d. INJURY OC While Nat of work at we	while	PLACE factory	OF INJURY (I , street, office	Home, form, bldg., etc.)	20f. (City	or tawn)	(C	ounly)		(Stole)
21. I certify t	hat I attended the d	eceased from	1/6) }	, 19 (1)), ta	1/7	, 19 <i>[a</i>]	that I le	ast saw	the de	eceased
alive an	5/6	, 19 <u>60</u> ,	and that dec	ath ac	curred at			the couses o		e date		
ACTUAL SIGNATURE	where C	Reynor	an ,	M.D.				eet, city or tawn,		2-		60
PHYSICIAN'S NAME (Type)	Richard C. R	eynolds,	MD.	_	9, 1	E. Chu	rch S	t. Frede	rick.	181		
220. BURIAL, CREMATE REMOVAL ISPECITY BURIAL	2/10/60 a		ME OF CEMETERY					ION (City, town,	**	1	(State)	
23. FUNERAL DIRECTO	'S SIGNATURE Topier	Elaito	RESS-/			24a. REC'D	BY REGISTI	ederick- RAR 24b REGI	TRAR'S SIG			
DAILEY'S	FUNERAL HOME	(HRIP) ER	ICK MAR	YLA	ND•	DATEFER	1 5 '60		1 . 9 .	4		



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physician certificate

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FUNERAL

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V5 A15 (4)

1SM 9/S8

poge the reg	
1)	B

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

()	E.	9	ij	8

24b REGISTRAR'S SIGNATURE

Cotton L. Many

24g, REC'D BY REGISTRAR

DATE FER 25 IND

CERTIFICATE OF DEATH 1980 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Frederick Marvland b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) RURAL and give negrest town)
Frederick 1 Day Adamstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Prederick Memorial Respital ON A FARM? YES NO KK M'ddle 4. DATE First Lost Month Day Year DECEASED ALTCE LEE THOMAS (Type or print) DEATH February 20 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years S. SEX 8. DATE OF BIRTH IF UNDER ? YEAR! IF UNDER 24 HRS birthday) Months Days Hours Sept 1889 Female White WIDOWED DIVORCED [yrs 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Operator Telephone Company USA Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lola Ann Neighbors Edgar A. Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 308 W. Colffege Terrace. (Yes no or unknown) yes, give war or dates of service) Mr. S. L. Thomas, Frederick, Md. 218-10-2226 18. CAUSE OF DEATH | Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Candifrons, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT YES NO 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part + or Part II of item 18.) MEDICAL TIME OF INJURY Day. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory, street, affice b da., etc.) While Not while at work at work 2). I certify that I attended the deceased fram. 1922 that I last saw the deceased and that death occurred at 6:15P M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) 228 N. Market St. 22 Feb 1960 SIGNATUR PHYSICIAN'S Frederick, Md. Charles H. Conley, Jr. NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 2-24-60 Mount Olivet Cemetery Frederick, Maryland



20c. TIME OF INJURY

Hour a.m.

p. m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month,

Day.

20d. INJURY OCCURRED Year While Not while

of work |

at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County)

(State)

21. I certify that I attended the deceased from alive on

ACTUAL SIGNATURE

Richard C. Reynolds

9 E. Church St.

Frederick, Md.

22a. BURIAL, CREMATION. Buff 181 (Specify)

PHYSICIAN'S

NAME (Type)

2-29-60

22c. NAME OF CEMETERY OR CREMATORY Rocky Ridge Cem. 22d. LOCATION (City, town, or county) Rocky Ridge, Md.

ADDRESS (Street, city or town, state)

and that death occurred at 3 1727 M, from the causes and an the date stated above.

(Stole)

for use

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moy be retained O FUNERAL DIR!

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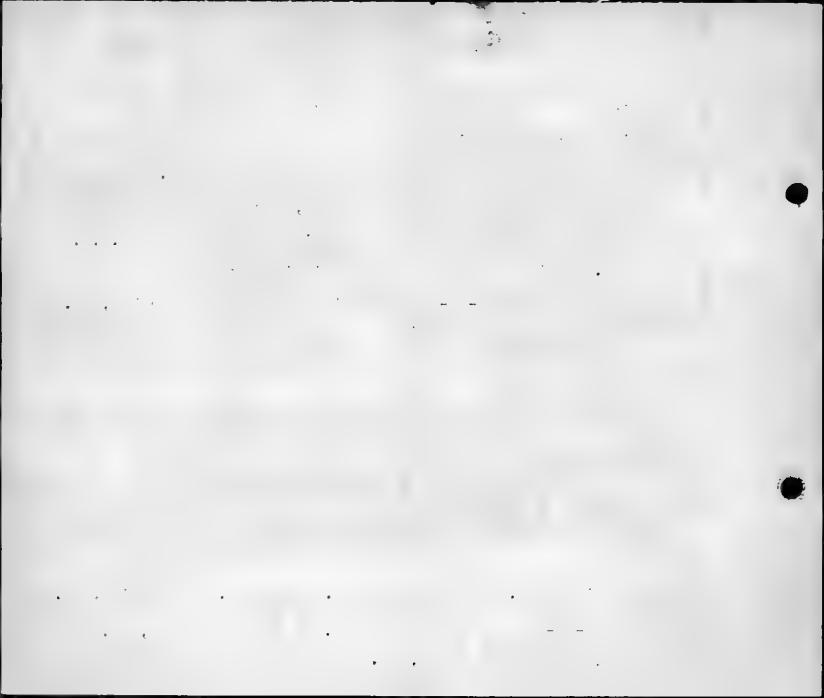
15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager

ADDRESS Thurmont. Md. 24a. REC'D BY REGISTRAR DAHAR 2

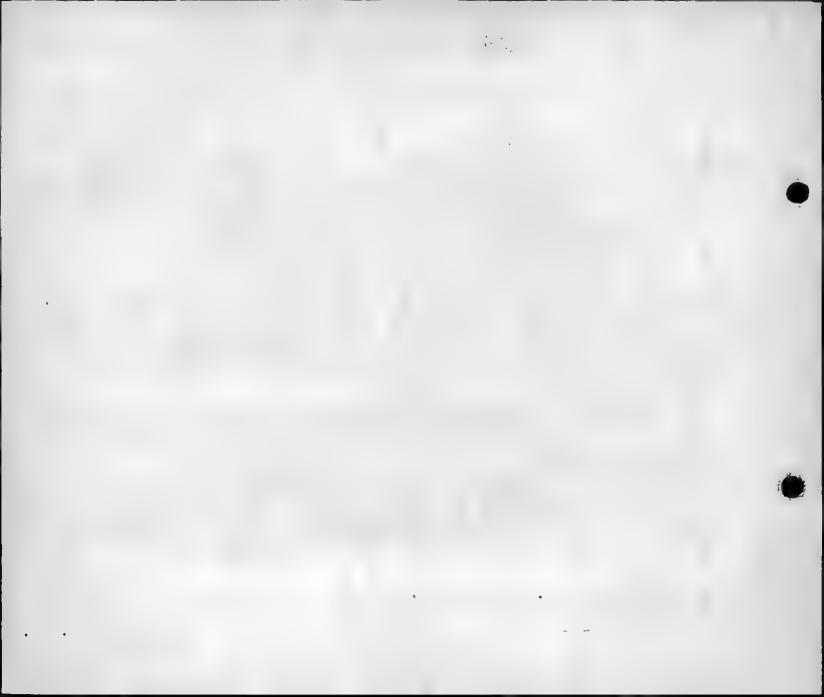
24b. REGISTRAR'S SIGNATURE arthur S. Kraus

2/20 1960, that I last saw the deceased

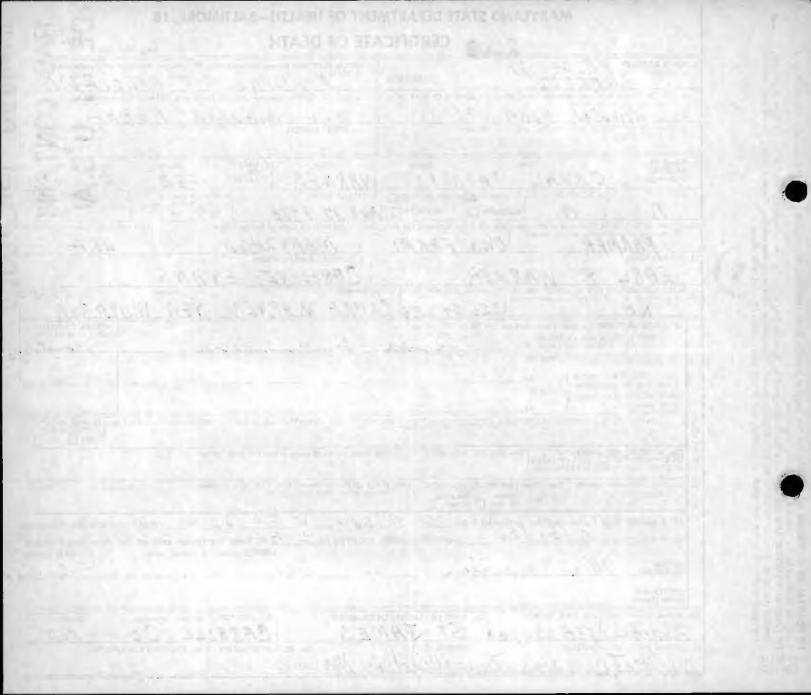


death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1983

Reg. Dist. No. 02002

											_		
1. PLACE OF DEATH o. COUNTY	FREDER	ICK	MARYLA	- 11	O. STATE MAR	Where deceased	d lived. If institution b. COUNTY		ce before				
RURAL and give r	(If outside corporate limit negrest fown) mck City	s, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) WOODSBORO								
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, a		oddress)	1	d. STREET ADDRESS					IS RESIDENCE	?		
3. NAME OF DECEASED (Type or print)	Fin GERTR	it	Middle	THE THE	lost TLLTAMS	4. DATE OF DEATH	FEB,	th	4 # Doy	Yeor 19 64			
5. SEX			IED NEVER MARRIED DIVORCED	B. C	ATE OF BIRTH	77	9. AGE (In years last birthday)	IF UNDER Months		F UNDER 24 H Hours Min	R5.		
during most of OU	ON (Give kind of work of king life, even if retired)		KIND OF BUSINESS OR			*	ountry)		U.S.	WHAT COUN	ITRY		
13. FATHER'S NAME MICH	ARL FOGLE			1	4. MOTHER'S MAIDEN								
15. WAS DECEASED EV	ER IN U. S. ARMED FORG	CES? 16. S	SOCIAL SECURITY NO.	17. INFO	RMANT LTER GRABI	LL	WALK	en Ersy I	LLE	MD			
Conditions, if gove rise to cose (a), stoling lying couse lost.	immediate DUE TO	klegh	Ontributing to Death	enter H BUT NO			ef dence		go	WAS AUTOP	5Y		
PART II. OT	YAS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (I	inter nature of injury	in Port I or Por	t II of item 18.)			YES NO			
Y 20c. TIME OF INJU Hour o. m. p. m.	1.0	white	Not while	Oe. PLACE foctory	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City atc.)	or town)	(0	[aunty]	(Sto	ite)		
21. I certify to olive on actual signature Physician's NAME (Type)	AMES B. T	deceose 126 Tho	Nes,	leoth oc	, 19 <i>5</i> ² 4, to coursed at <i>9-20</i>	A.M. from	the causes a	nd on th			ove		
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	on, 226. DATE THEREO 2/7/196		MT, HO		REMATORY		TION (City, town, o	or county)		(State)			
23. FUNERAL DIRECTOR	r's signature Barlon		ADDRESS WALKERSVILL	e mi		FEB 8		Ireland					

TO HOSPITAL OR ATTENDING YSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospitation and continuous physician.

TO FUNERAL DIRECTOR: After this certifical has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to buriof, cremation, ar removal, and in any event within 72 haur after death.

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VS A15 (4) 15M 9/55

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